



CITY OF MOUNT VERNON, N.Y.
YOUTH BUREAU

SHAWYN PATTERSON-HOWARD
Mayor

City Hall, One Roosevelt Square
Mount Vernon, NY, 10550
(914) 665-2344 – Fax: (914) 665-1373
IG: mountvernonyb | FB: mvyouthbureau
YOUTHBUREAU.CMVNY.COM

DEBBIE BURRELL-BUTLER, MBA
Executive Director

DENA T. WILLIAMS, MPA
Deputy Director

2023 Safe Haven Summer Program Application

When submitting your application, make sure to attach all requested documents and fill out all pages COMPLETELY.
The fee for the Safe Haven Summer Program is \$550 per child.

Applications are Due: **May 26, 2023** and can be accessed online at <https://youthbureau.cmvny.com/>

SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY OR ENROLLMENT IN THE PROGRAM UNTIL PAYMENT IS MADE IN FULL.

YOU MUST SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

- 1. PAYMENT WITH MONEY ORDER or CASH (payable to the City of Mount Vernon Youth Bureau)**
- 2. ATTESTATION FORM, PHOTO RELEASE FORM, & MEDICAL RELEASE FORM (completed by parent/guardian)**
- 3. BIRTH CERTIFICATE OR UNEXPIRED PASSPORT**
- 4. PROOF OF RESIDENCE (Parent's most recent utility bill, phone bill, student's report card, parent's driver license, or learner's permit)**
- 5. Updated immunization card.**
***** APPLICANT MUST BE A MOUNT VERNON RESIDENT*****

The Safe Haven Summer Program starts on July 3rd, 2023, and ends August 11th, 2023, and operates Monday - Friday from **9am to 5pm**. **Transportation is not provided**. All participants should be dropped off on time and picked up promptly unless there are circumstances such as trip days.

Location: THE MOUNT VERNON HIGH SCHOOL, 100 CALIFORNIA ROAD, MOUNT VERNON, NY 10552

If you have any questions or concerns, please do not hesitate to contact the Mount Vernon Youth Bureau at (914) 665-2344 during business hours 8:30 am – 4:30 pm, Monday - Friday.

ALL notifications regarding SAFE HAVEN Summer Program will be made by phone or email.
Please check email on a regular basis!



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Completed applications will be accepted by a Mount Vernon Youth Bureau staff member. All information provided will be kept confidential. ONLY A COMPLETED APPLICATION WITH THE REQUESTED DOCUMENTS ATTACHED WILL BE ACCEPTED.

1. Last Name _____ 2. First Name _____ 3. Middle (Int.) _____

4. Date of Birth ___/___/___ 5. Gender ___ M ___ F ___ Other ___
6. Age ___ 7. School ___ 8. Grade ___ 9. Camp T-shirt Size ___

10. Address: _____ 11. Apt. _____ 12. City: Mount Vernon 13. Zip Code: _____

14. Name of Parent/Guardian: _____

15: Contact #: _____ 16: Email: _____

17. Ethnicity (Circle One): Native American; Pacific Islander; Asian; White; Black; Hispanic/Latino; 2 or more Races

18. Other than English, what other language(s) are you most comfortable speaking? _____

19. Previously attended program? Yes ___ No ___ If yes, when? _____ Where? _____

20. Check all that apply to the applicant: Disabled ___ Foster Care ___ Homeless ___ Runaway ___ Juvenile Justice System ___ Parenting Youth ___ Served in Military ___

21. Is the applicant or applicant's family currently receiving public assistance? Yes ___ No ___ If no, skip the question

22. Type of Public Assistance (Check all that apply): Food Stamps ___ S.S.I ___ S.S.D. ___ Child Support ___ Retirement or Pension ___ Family Assistance ___ Safety Net/Section 8 ___ Other ___ (Will need proof)

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PARENTS: Would your child be interested in advocating for the Safe Haven program? ___ Yes ___ No



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**Applicant's Attestation form Verifying Information Provided by Parent/Guardian for 2023 Safe Haven
Summer Program**

I have provided all the requested information and documentation the Mount Vernon Youth Bureau has requested for my child's participation in the 2023 Safe Haven Summer Program. My signature below attests that the information I have provided is both accurate and true to the best of my knowledge. I further understand that I am responsible for misrepresentation or any misinformation provided to the Mount Vernon Youth Bureau which may be grounds for immediate removal and/or other penalties of my child from the program.

Print Applicant's Name

Signature of Applicant

Date

Print Parent /Guardian's Name

Signature of Parent/Guardian

Date

Should you have any questions or concerns regarding the information in this form,
contact the Mount Vernon Youth Bureau immediately at 914-665-2344.



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Medical Release Form – Applicant (Minor)

I, (Parent/Guardian’s Name) _____

give permission to the City of Mount Vernon, NY to provide medical attention (first aid) to my child,

(Applicant/ Minor’s Name) _____.

Medical Information

Does your child have any drug, insect, food, etc. allergies? If yes, please explain.

Does your child have any illnesses or conditions CMV should be aware of that will prevent him/her from taking part in daily activities?

Is your child currently on any daily medications or use any medical devices? If so, please list and identify the purpose.

List two (2) people to contact in case of an emergency:

Name _____ Relationship _____ Telephone Number _____

Name _____ Relationship _____ Telephone Number _____

Minor’s Physician Name: _____ Physician #: _____

In case of injury, I hereby authorize chaperones/staff at their discretion to take my child to a doctor or hospital for emergency treatment or whatever service is deemed necessary. I also authorize any medical treatment in case of an emergency and agree that I am responsible for the cost of such treatment. This form should remain on file at the worksite.

In the event that the minor, _____, causes any bodily injury or property damage by his or her negligence, the parent and/or legal guardian agrees to indemnify and hold harmless the City of Mount Vernon and its officers, agents and employees from any loss or expense arising out of the negligence of the minor.

Parent Signature: _____ Print Parent Name: _____

Date: _____ Phone Number: _____ Work Number: _____



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YOUTH BUREAU CMVNY.COM
Photo/Video Release Form – Applicant (Minor)

I, **(Parent/Guardian's Name)** _____

hereby grant permission to the City of Mount Vernon Youth Bureau to photograph film and/or video my child,

(Applicant/ Minor's Name) _____.

I understand photographs, film and/or video may be used in, but not limited to, fliers, brochures, newsletters, press releases, websites, social media or any other type of promotional medium existing now or in the future.

I further understand that by granting this permission, I am irrevocably giving up all rights and claims to monetary compensation for any future uses of this material by the City of Mount Vernon.

I do not wish for my child to be photographed, filmed, or videotaped by the City of Mount Vernon.

Signature of Parent/Guardian

Date



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Survey Release Form – Applicant (Minor)

I, **(Parent/Guardian’s Name)** _____

hereby grant permission to the City of Mount Vernon Youth Bureau to survey my child,

(Applicant/ Minor’s Name) _____.

The Mount Vernon Youth Bureau receives more than 5.4 million dollars in federal, state and local funding annually for the development, delivery and oversight of safe and effective programs for youth ages 6 – 24. At times, our funders request feedback from members of the community that we serve.

Although the surveys may not seem to benefit you directly, they are vital when it comes to helping us learn about the needs of our community. The surveys also provide data to the Youth Bureau which aid in the pursuit of securing grant funding to better serve Mount Vernon’s Youth.

Participation is voluntary; however, it is HIGHLY encouraged. There is no penalty for not participating or for withdrawing from the survey, and you may skip any question that you would prefer not to answer. All your responses will be kept confidential within reasonable limits. Only those directly involved with this project will have access to the data.

I understand that by granting this permission, I am irrevocably giving up all rights and claims to monetary compensation for any future uses of this material by the City of Mount Vernon.

I do not wish for my child to participate in surveys distributed by the City of Mount Vernon Youth Bureau.

Parent Signature: _____ Print Parent Name: _____

Date: _____



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File Storage Release Form – Applicant (Minor)

I, **(Parent/Guardian’s Name)** _____

hereby grant permission to the City of Mount Vernon Youth Bureau to store personal documents online

(Applicant/ Minor’s Name) _____.

Participant Information that is received by the City of Mount Vernon Youth Bureau in either electronic form or hard copy shall be properly secured to minimize risks to unauthorized access. Access to the systems and storage locations designated for Confidential Participant Information will be limited to the City of Mount Vernon Youth Bureau and such support staff who require access to such information for performance of their work, as determined by the City of Mount Vernon Youth Bureau. On a routine basis, but no less frequently than every six (6) months, the City of Mount Vernon Youth Bureau will review a list of those who have access to the systems designated for Confidential Participant Information and confirm the accuracy of the list.

I do not wish for my child’s personal documents to be stored. I understand that I will be required to resubmit documentation for future applications.

Parent Signature: _____ Print Parent Name: _____

Date: _____