



TOMPKINS COUNTY LEGISLATURE
 Gov. Daniel D. Tompkins Bldg.
 121 E. Court St., Ithaca NY 14850
www.tompkinscountyny.gov/legislature

Youth Services Board

Name of advisory group Town of Dryden Term length 3 yr
 Seat Title (Area or constituency represented)

ADVISORY BOARD APPLICATION

Please type or print in black ink (Revised February 2009)

If you are interested in serving as a member of an advisory group please complete this form; attach additional sheets if necessary. You may be called for an interview and you may wish to attend a meeting of the advisory group if you have not yet done so. Please contact the Legislature Office at 274-5434 or by e-mail: legislature@tompkins-co.org if you have any questions.

Name Kathrin Servoss (Kathy) Date of application 10/30/18
 Address (residence) PO Box 181, Lewis St. Dryden 13053
Street City Zip Code

Telephone (home) _____ (work) _____ (mobile) 607-351-4469 (fax) _____

Email address Kdservoss@gmail.com Length of residence in Tompkins County 11 yrs.

**If not a T.C. resident, please stop here and contact the Legislature Office*

Occupation(s)/name and location of business Exec. Asst. - City of Ithaca + Courtialperson - Town of Dryden

Education HS Degree - Cazenovia College 1990

Why are you interested in this position? I have been a member of this board since

2010, chair for the past 2 yrs. There is still much to do and I feel I am

What particular strengths would you bring to this position? needed to help the youth in the county,
meeting facilitation, years of
experience in resource allocation, community involvement

Experience and community affiliations elected official in Dryden, member of Youth Services
Board, former member of Leadership Tompkins Advisory Board.

Recommended by Amie Hendrix Deputy County Administrator

If organization or municipality, include name of entity, contact person, and telephone number; if another individual(s), give name(s) and telephone number(s).

References: (1) Deborah Mohlenhoff 607-351-0047

(2) Kathy Van de Bogart 607-227-5348

Kathrin Servoss
 Signature of Applicant

<i>Office use only</i>	
Type of appointment: <u>new of reappointment</u> Replacing: (if new) <u>Reappointment</u>	Term expiration date <u>12/31/2021</u>
Seat Title (area or constituency represented): <u>Town of Dryden</u>	
Municipal Recommendation on File <input type="checkbox"/>	Nominating Committee Recommendation Received <input type="checkbox"/>
Copied to Comm.: _____	Legislative Committee recommendation <u>n/a</u> Date _____
Legislature appointment date _____	Appointment letter mailed date _____