



**Please mail or drop off to:**  
**Town of Clarence Youth Bureau**  
**10510 Main Street**  
**Clarence, NY 14031**  
**716-407-2162 or Fax 716-759-7498**

## Town of Clarence Youth Volunteer Program Application

(Please print clearly) Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
House Number Street City/Town Zip

Phone: H- \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 C- \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Email: \_\_\_\_\_ (print clearly & indicate, if necessary, a zero or letter O)

**EMERGENCY CONTACT:**

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Number: \_\_\_\_\_

**VOLUNTEER RESPONSIBILITIES**

1. Members are required to attend a 1 ½ hour orientation before volunteering (1.5 hours will be credited).
2. Be on time for all your activities. Please sign up for your chosen activities at least three (3) days in advance.
3. You are responsible to provide transportation to/from all activities unless otherwise specified on calendar.
4. Please call the office at 407-2162 or our cell phone at 583-2827 if you are unable to attend an activity.
5. Respect everyone involved at all events – those being helped, other volunteers, event and Youth Bureau staff.
6. ALWAYS bring a positive attitude and friendly disposition to all activities.
7. Smoking, alcohol, and drug use are PROHIBITED at all times.
8. Cell phone use is PROHIBITED during all volunteer activities. We reserve the right to hold cell phones until the end of an activity.
9. We reserve the right to withhold service hours if a member does not participate during an activity.
10. Volunteers must provide a minimum of five (5) hours a year to remain an active member.

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 THIS SECTION MUST BE FILLED OUT AND SIGNED BY A PARENT OR GUARDIAN  
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**PARENTAL CONSENT:** I give my son/daughter \_\_\_\_\_  
 permission to participate in the activities offered through the Town of Clarence Youth Bureau Volunteer Program.

\_\_\_\_\_  
 Parent Signature Date  
 Please print parent/guardian name(s) \_\_\_\_\_

Does your child have any allergies?: Y N If yes, please explain \_\_\_\_\_  
 Is your child taking any medication(s)?: Y N If yes, please explain \_\_\_\_\_

Can we include your child in photographs? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please complete consent form on reverse side)

TOWN OF CLARENCE  
CONSENT and RELEASE FORM  
FOR USE OF PHOTOGRAPHS

I, \_\_\_\_\_ the undersigned,  
residing at \_\_\_\_\_  
hereby certify that I am the parent and/or legal guardian of, \_\_\_\_\_  
a minor, age \_\_\_\_\_ who was a participant in the Town of Clarence Recreation Program, Swim  
Program, and/or Youth Bureau Programs and as parent and/or legal guardian, do further consent and grant  
permission to the Town of Clarence as follows: (check all that apply)

\_\_\_\_\_ I give permission for my child's photograph to be displayed at the Clarence Town Hall.

\_\_\_\_\_ I give permission for my child's photograph to be displayed in the Clarence Library.

\_\_\_\_\_ I give permission for my child's photograph to be displayed at the Clarence Youth Bureau.

\_\_\_\_\_ I give permission to the Town of Clarence to photograph my child and to print same in  
local newspaper(s).

\_\_\_\_\_ I give permission for Clarence Printing, 16 Bloomingdale Avenue, Akron, NY 14001, to  
print and market the product for the Town of Clarence with no compensation to my child and/or  
to me individually and/or as parent and/or legal guardian of \_\_\_\_\_  
(insert child's name)

\_\_\_\_\_ I give permission for my child's photograph to be placed in a brochure for distribution to the  
general public.

\_\_\_\_\_ I give permission to the Town of Clarence to use my child's photograph on any internet sites  
which the Town of Clarence may participate, included but not limited to, the Town's Webpage,  
Facebook; LinkedIn and/or Flickr.

I, \_\_\_\_\_ do hereby, to the fullest extent that I  
may lawfully do so, release, waive, discharge and hold harmless the Town of Clarence, and all  
Town Officers, Town Employees, Town Agents, Boards of the Town and Board members of any Boards  
of the Town of Clarence, and their respective heirs, executors, administrators, successors and assigns  
(hereinafter collectively referred to as "RELEASEE") from all actions, causes of action, suits, debts, dues,  
sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies,  
agreements, promises, variances, trespasses, damages, judgments, extents, executions, claims, and  
demands whatsoever, in law, admiralty or equity, which against the RELEASEE, the RELEASOR,  
RELEASOR'S heirs, executors, administrators, successors and assigns ever had, now have or hereafter  
can, shall or may have for, upon, or by reason of any matter, cause or thing, whatsoever.

Signature of parent and/or guardian \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #(s): \_\_\_\_\_

Date: \_\_\_\_\_