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

(PLEAE PRINT CLEARLY) Date:_____

Name:_____
Last First Middle

Address: _____
House Number Street City/Town Zip

Phone: H-_____ School:_____Grade:_____Graduation Year:_____

C- _____

Birth Date:_____ Age: _____ Gender: M F

Email:_____

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 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.

THIS SECTION MUST BE FILLED OUT AND SIGNED BY A PARENT OR GUARDIAN

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) ⇨