



**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: \_\_\_\_\_  
Street City/Town Zip

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACT:

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Number(s): \_\_\_\_\_

### VOLUNTEER RESPONSIBILITIES

1. Members are required to attend a one-hour orientation before volunteering (1 hour 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

Can we include your child in photographs? Yes \_\_\_\_\_ No \_\_\_\_\_