



Please mail to:
Town of Clarence Youth Bureau
10510 Main Street
Clarence, NY 14031
716-407-2162

Town of Clarence Youth Volunteer Program Application

Date: _____ Email: _____

Name: _____
Last First Middle

Address: _____
Street City/Town Zip

Phone: H- _____ School: _____ Grade: _____
C- _____

Birth Date: _____ Age: _____ Sex: _____

EMERGENCY CONTACT:

Relationship: _____ Name: _____ Number(s): _____

VOLUNTEER RESPONSIBILITIES

1. Be on time for all your activities. Please sign up for your chosen activities at least 3 days in advance.
2. Please call the office if you are unable to attend an activity that you signed up for @ 407-2162
3. Respect all people being helped during an activity and all other volunteers
4. You are responsible to provide transportation to all activities unless otherwise specified on calendar
5. ALWAYS bring a positive attitude and friendly character to all activities
6. Smoking, Alcohol, and drug usage are PROHIBITED at all times
7. Volunteers must provide a minimal of 5 hours a year to remain a member
8. Members are required to attend ONE orientation after becoming a member (hours will be credited)
9. We reserve the right to not award service hours if member does not participate during an activity

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