



Please mail, drop off or email to:
Town of Clarence Youth Bureau
 10510 Main Street
 Clarence, NY 14031
 716-407-2162 or youthbureau@clarence.ny.us



Town of Clarence Youth Volunteer Program Application

(PLEASE PRINT CLEARLY)

Date: / /
MM DD YYYY

Name: _____
Last First Middle

Address: _____
House Number Street City/Town Zip

School: _____ Grade: _____ Graduation Year: _____ Gender: M F

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Birth Date: / / Age: _____ Email Address: _____
MM DD YYYY

EMERGENCY CONTACT:

Relationship: _____ Name: _____ Phone Number: (____) ____ - ____

VOLUNTEER RESPONSIBILITIES

1. Members are required to attend a 1 hour orientation before volunteering (1 hour will be credited).
2. Be on time for all your activities.
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.

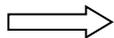
THIS SECTION MUST BE FILLED OUT AND SIGNED BY A PARENT OR GUARDIAN

PARENTAL CONSENT: I give my son/daughter _____
Name
 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?: Yes No If yes, please explain _____
 Is your child taking any medication(s)?: Yes No 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 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 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 or Clarence may participate, included but not limited to, the Town's Webpage,
Facebook, Twitter, and or Instagram.

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: _____

Print Name: _____

Date: _____