



# Town of Henrietta Youth Bureau and Recreation Department Volunteer and Intern Application



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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

School: \_\_\_\_\_ Advisor and #: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

(Volunteers must be at least 14 years old by the first day of the program)

Program applying for: \_\_\_\_\_

Program Volunteer Dates: \_\_\_\_\_ Total Hours Needed: \_\_\_\_\_

Days and Times you are available:

Times:  AM  PM Days:  Monday  Tuesday  Wednesday  Thursday  Friday

Please list any interests, volunteer or work experiences, skills or training which would be of special benefit in the position you are applying for: \_\_\_\_\_

I hereby authorize the program staff to act for me according to their best judgment in any medical situation, I acknowledge that the Recreation Department does not provide accident insurance for program participants. I agree to hold the Town of Henrietta, its employees and agents harmless for any accident or incident occurring while my child or I participate in this program.

**Reference Names and Phone Number:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

|                                     |
|-------------------------------------|
| Signature _____                     |
| Parents Signature if under 18 _____ |
| Parents Name (Print) _____          |

**Volunteer Sites:**

| <u>Site</u> | <u>Days</u> | <u>Hours</u> |
|-------------|-------------|--------------|
|             |             |              |
|             |             |              |
|             |             |              |

**Program Duties:**

| <u>Objectives</u> | <u>Responsibilities</u> |
|-------------------|-------------------------|
|                   |                         |
|                   |                         |
|                   |                         |
|                   |                         |
|                   |                         |
|                   |                         |

Volunteer's Signature: \_\_\_\_\_

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

School Advisor: \_\_\_\_\_

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

Site Advisor: \_\_\_\_\_

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