



TOWN OF TONAWANDA YOUTH ENGAGED IN SERVICE (Y.E.S) VOLUNTEER APPLICATION

Please return completed application to:
 Nicole Ruberto, Y.E.S. Director
 Town of Tonawanda Youth, Parks & Recreation
 299 Decatur Road, Buffalo, NY 14223
 Phone: 831-1001 Fax: 831-1006
 Email: yes@tonawanda.ny.us

NAME	DATE OF BIRTH	AGE	M	F
HOME ADDRESS		TOWN		ZIP
HOME PHONE NUMBER	CELL PHONE NUMBER		T-SHIRT SIZE	
EMAIL ADDRESS (1)		EMAIL ADDRESS (2)		
SCHOOL		GRADE		
FATHER/GUARDIAN 1 NAME		FATHER/GUARDIAN 1 ADDRESS		
MOTHER/GUARDIAN 2 NAME		MOTHER/GUARDIAN 2 ADDRESS		
EMERGENCY CONTACT 1	RELATIONSHIP	PHONE NUMBER		
EMERGENCY CONTACT 2	RELATIONSHIP	PHONE NUMBER		
MEDICATION CONDITIONS OR PHYSICAL LIMITATIONS WE SHOULD BE AWARE OF				
<p>RESPONSIBILITIES OF TOWN OF TONAWANDA YOUTH ENGAGED IN SERVICE MEMBERS:</p> <ol style="list-style-type: none"> 1. All new members must attend a mandatory ORIENTATION. 2. Every volunteer must SIGN UP for an activity before showing up for it. If you do not sign up for the activity, you may not be able to participate. 3. If you need to CANCEL, you must remove your name from the sign up as soon as possible or contact the director at least 24 hours in advance. If you miss an activity for any reason, please contact the Director within 24 hours after the activity. Three no-shows within a year will result in dismissal from the program. 4. Volunteers must BE ON TIME and should never arrive more than 5 minutes before the listed start time or leave more than 15 minutes before the scheduled end time, unless otherwise directed. Volunteers should be prepared to stay if an activity runs over. 5. Never sign up for an activity if you will not be willing to PARTICIPATE FULLY. We reserve the right to withhold volunteer service credit if you choose not to help at your scheduled volunteer activity. 6. Volunteers should always act in a RESPECTFUL, MATURE, RESPONSIBLE, AND POSITIVE manner. They should keep in mind the best interests of everyone present. Smoking, alcohol, drug use, weapons, violence, swearing and vulgarity, and public displays of affection (PDA) are prohibited at all times. 7. Volunteers are expected to DRESS APPROPRIATELY – wear your Y.E.S. t-shirt to all events unless otherwise instructed. You will be provided with one t-shirt at orientation. Additional shirts can be purchased for \$5. 8. All volunteers are expected to complete at least one activity a month and make a year-long commitment to the program. In order to remain an ACTIVE MEMBER, you need to participate in at least one event every three months. 9. Volunteers are responsible for their own TRANSPORTATION to and from activities. 10. Requests for certification of HOURS must be received at least one week in advance. Please plan ahead. 				
I have read the above information and understand my responsibilities as a member of the Town of Tonawanda Youth Engaged in Service volunteer program. I hereby authorize the Town of Tonawanda Youth, Parks & Recreation department to use my photograph in conjunction with my name or a fictitious name for a reproduction in advertising display or editorial use.				
VOLUNTEER SIGNATURE		DATE		
By signing below, I verify that my son/daughter has my permission to participate in the activities sponsored by the Town of Tonawanda Youth Engaged in Service program. I understand the rules and policies my child is expected to follow and know I can call the office with questions or concerns.				
PARENT SIGNATURE		DATE		

**TOWN OF TONAWANDA YOUTH ENGAGED IN SERVICE PROGRAM
PARENTAL/VOLUNTEER LIABILITY WAIVER**

I/We understand the nature of the activities involved when participating in the Town of Tonawanda Youth Engaged in Service Program. I/We accept any risk or liability that may occur due to participation.

Most of the activities are held in the Kenmore-Tonawanda area and transportation to these events is the sole responsibility of the volunteer. Other activities are held throughout the Western New York area. Examples of these locations are the Buffalo Zoo, Ronald McDonald House, Friends of the Night People, Channel 17 Public Broadcasting, and the Salvation Army. Transportation to these activities is offered on a limited basis. I/We hereby release and discharge the aforementioned sponsors, together with their agents, servants and employees, their heirs executors and administrators, jointly and separately, from any and all liability, claims, actions, and demands whatsoever (including those resulting from fatality of said participant), which may result from such participation or otherwise. I further agree to indemnify and hold harmless, against any loss which may be sustained to consequence of such participation or otherwise, the aforementioned sponsors, their agents, servants, or employees, and further, that no agreement, either verbal or written, shall in any manner affect this release.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT: In the event of an emergency requiring medical attention every effort will be made to contact the parent/guardian in order to receive authorization before any treatment or hospitalization is undertaken. I hereby grant permission for a physician or hospital personnel to attend my son/daughter.

Parent/Guardian: _____

Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Name of emergency contact: _____

Relationship: _____ Emergency Phone #: _____

Preferred Hospital: _____ Name of Physician: _____

Age limitations, along with proper attire, are listed in the newsletter for each event. On occasion a social activity may be held at a public place such as a bowling alley or restaurant which may serve alcoholic beverages. I/We agree to follow these guidelines which are administered for the safety of the volunteers.

This waiver is effective at time of signing and will remain so until we receive written notification that the volunteer wishes to leave the program. A volunteer will not be allowed to attend any activities until this waiver is signed by both the parent/guardian and student and is on file in the Town of Tonawanda Y.E.S. office. This release shall be binding upon the heirs, executors, and administrators of the said minor and me.

Student Volunteer Signature

Date

Parent/Guardian Signature

Date