



YouthWork\$

Teen Application Form



**Town of
Amherst Youth
& Recreation
Department**

Please return completed form to:
Lorraine Lee, YouthWork\$ Coordinator
Amherst Youth & Recreation Dept.
1615 Amherst Manor Dr.
Williamsville, NY 14221
Questions? Call 631-7217 or e-mail: lle@amherst.ny.us
Web: www.amherstyouthandrec.org

DATE OF APPLICATION _____

THIS SECTION TO BE FILLED OUT COMPLETELY BY TEEN APPLICANT AND SIGNED BY APPLICANT

NAME _____

M F

ADDRESS _____

ZIP _____

HOME PHONE _____

DATE OF BIRTH _____

AGE _____

GRADE _____

E-MAIL ADDRESS _____

OTHER PHONE NUMBERS—CELL, MOM/DAD, ETC. _____

SCHOOL _____

How did your family hear about YouthWork\$? Ex: Flyer at Audubon Library, from friend (list name) _____

CHECK THE TYPE OF JOB(S) YOU ARE MOST INTERESTED IN (*PLEASE CHECK AS MANY AS POSSIBLE):

- (1) Rake Leaves (2) Shovel Snow (3) Yard Work (4) Weeding (5) Gardening (6) Mow Lawns
 (7) Pet Care (8) Child Care (9) Tutoring Students (10) Tutor/Use of Computer (11) Run Errands
 (12) Working/helping with elderly or disabled (13) Helping with Parties (14) Light Housework (15) Cleaning Garage/Basement
 (16) Organizing cabinets/closets (17) Anything (Note: If you check anything, you could be called for any job, but may refuse if not interested.)

List any other interests you may have. (Include hobbies, sports, or type of work that interests you). _____

IF YOU ARE INVOLVED IN ANY ACTIVITIES THAT WOULD MAKE YOU UNABLE TO WORK AT CERTAIN TIMES (Ex. Sports clubs, etc.)

Please list times you are not available here _____

Did you take a child care course? Yes No

Course was taken through:

YMCA Red Cross Girl Scouts

Yes No

Other (Name): _____

List any experience or training that you might have (or past work history—include volunteer work). _____

I agree to return calls to the YouthWork\$ Staff promptly _____

SIGNATURE OF YOUTH

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

Does your child have any health limitations that would make him/her unable to do certain jobs? Yes No

If Yes, Please list limits _____

Would you be willing to drive your child to other Amherst areas if convenient for you? Yes No Child Drives

Amherst Youth & Recreation Department has my permission to use photos, videos and audio recording or other likenesses taken of my child for the purpose of publicizing Youth & Recreation Department programs and activities.

I have read the information contained in this brochure and reviewed my child's information on the above application. I have discussed both with my child. I will strongly encourage my child to return calls to adult residents, and YouthWork\$ staff promptly.

I, _____ will permit my child, _____ to participate
(Print Parent/Guardian's Name) (Print Child's Name)

in the Youth Work\$ Program, and have read and agree to all terms of the program stated above.

SIGNATURE OF PARENT/GUARDIAN

DATE