



# YouthWork\$

## Teen Application Form



**Town of  
Amherst Youth  
& Recreation  
Department**

*Please return completed form to:*  
Robin Erwin, YouthWork\$ Coordinator  
Amherst Youth & Recreation Dept.  
1615 Amherst Manor Dr.  
Williamsville, NY 14221

Questions? Call 631-7217 or e-mail: [rerwin@amherst.ny.us](mailto:rerwin@amherst.ny.us)  
Web: [www.amherstyouthandrec.org](http://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? 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