



# 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](mailto:lle@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 \_\_\_\_\_

PARENT'S 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)  Put Away Shopping  
 (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

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