



Volunteer Application - Amherst Youth Foundation

Please fill out this application in an accurate manor. All information is kept confidential, and is used only to ensure the safety of the children that we serve.

Name: _____
(Last) (First) (M.I)

Address: _____

City: _____ Zip: _____

Telephone: Home: _____ Cell: _____

Email: _____

Have you ever been convicted of a misdemeanor or felony in New York State or any other jurisdiction?
_____yes _____no

If yes, please explain _____

Highest completed education level: _____

Volunteer experience with children (position, for which program/institution, supervisor's name, etc):

Other volunteer experience _____

Please list any interests, skills, training or hobbies you would like to share: _____

Do you have any health or physical limitations regarding the volunteer work you are able to do? _____

(SEE REVERSE)

Please list two non-family references :

Name: _____

Name: _____

Address: _____

Address: _____

Relationship: _____

Relationship: _____

Phone / Email contacts: _____

Phone / Email contacts: _____

If under 18 years of age, please provide parental information.

Parent's name: _____

Address: _____

Home Phone: _____

Business/Cell Phone: _____

Email: _____

The information provided by me in this application is accurate and complete to the best of my knowledge.

Applicant's Signature

Date

When completed, please submit this form to:

Amherst Youth Foundation
5005 Sheridan Drive
Williamsville, NY 14221
Attn: Volunteer Coordinator

Email: AYFOffice@verizon.net
Tel: 716-633-6773
Fax: 716-633-6775