



**City of Batavia Youth Bureau**  
**Volunteer Program**

**Volunteer Referral Form**

If student, please complete age, grade, school

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ School: \_\_\_\_\_

E-Mail Adress: \_\_\_\_\_

Days Available: \_\_\_\_\_

Times Available: \_\_\_\_\_

Do you have any experience working or volunteering with kids? Please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any other volunteer experience you have had: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for volunteering: \_\_\_\_\_

\_\_\_\_\_

Is transportation a problem for you? \_\_\_\_\_

Would you be willing to complete a Police Record Check and a DSS Clearance Form?

Yes      No

Please return this form to: Batavia Youth Bureau  
12 MacArthur Drive  
Batavia, NY 14020  
Call 345-6420 or fax to 344-0260.