

Troy Youth Volunteer Program Signup Form

433 River Street, Troy NY 12180 (518) 971-1194

Victor.Patterson@troyny.gov

Thank you for your interest in the Troy Youth Volunteer Program! Please fill out the form below to sign up as a volunteer. For youth under 18, a parent/guardian must complete this form and provide consent.

Volunteer's Information

Child's Name: _____ Age: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email: _____
(Parent/Guardian's number if under 18)

Emergency Contact(s)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Allergies/Medical Concerns Does the participant have any allergies/medical concerns we should know about?

Volunteer's Preferences

Where would you like to serve?
(Check all that apply)

- ☐ Parks
- ☐ Community Center
- ☐ Neighborhood Streets
- ☐ Local Nonprofits
- ☐ School Grounds
- ☐ Other (Describe in comments)

What Kinds of activities would you like to help with?
(Check all that apply)

- ☐ Planting flowers or small plants
- ☐ Painting (non-toxic and supervised projects)
- ☐ Picking up litter (safe, designated areas with supervision)
- ☐ Organizing donations for nonprofits
- ☐ Helping at community events
- ☐ Creating care packages
- ☐ Beautifying community spaces
- ☐ Other (Please describe in the comments box)

Comments

Parental Consent & Acknowledgements (Required for youth under 18):

- ☐ I, the parent/guardian of the above-named participant, give my permission for my child to participate in the Troy's Youth Volunteer Program.
- ☐ I understand that the City of Troy and program organizers are not responsible for injuries and have taken steps to ensure a safe environment.
- ☐ I give permission for photos/videos of my child to be used for promotional purposes (Optional).

Signature of Parent/Guardian: _____ Date: _____

12/28/2025

Additional Comments