

## Troy Youth Volunteer Program Signup Form

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

[Victor.Patterson@troyny.gov](mailto: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