

TOWN OF PITTSFORD

OFFICE OF THE SUPERVISOR Sandra F. Zutes 11 South Main Street Pittsford, NY 14534



Pittsford Central Schools
OFFICE OF THE SUPERINTENDENT
Michael Pero
75 Barker Road
Pittsford, NY 14534

www.townofpittsford.org

VOLUNTEER APPLICATION FORM

NAME	AGE	DOB	
ADDRESS			
Street	City/State	Zip	
PHONE	EMAIL		
PARENT/GUARDIAN NAME			
ACTIVITIES OUTSIDE OF SCHOO	L (church, community, etc.)		
	· · · · · · · · · · · · · · · · · · ·		
WHAT QUALITIES DO YOU HAVE	THAT WOULD MAKE YOU	A GOOD YOUTH COURT	
VOLUNTEER?			
HOW DID YOU BECOME INTERES	STED IN YOUTH COURT?		
	-		
PLEASE LIST TWO REFERENCES attend)	(non-relative, one reference must	be an adult from the school you	
NAME		PHONE	
NIABAT		PHONE	
VOLUNTEER SIGNATURE			
I am in support of and allow my daughter/seall Youth Court volunteers are required to ke		olunteer. I further understand that	
PARENT/GUARDIAN SIGNATURE		DATE	

Please return this form to your Principal's office or send to: Youth Court Coordinator, Town of Pittsford, 11 South Main Street, Pittsford, NY 14534