

## TEEN APPLICANT INFORMATION

Date of Application:

Name:

Gender:

☐ M ☐ F

Address:

City:

Zip:

Phone:

Date of Birth:

Age:

Grade:

E-mail Address:

School:

Parent/Guardian E-mail Address:

Parent/Guardian Phone:

Check type of job(s) you are most interested in (Check as many as possible):

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> Rake Leaves                 | <input type="checkbox"/> Shovel Snow                     | <input type="checkbox"/> Yard Work  | <input type="checkbox"/> Weeding            | <input type="checkbox"/> Gardening       |
| <input type="checkbox"/> Mow Lawns                   | <input type="checkbox"/> Pet Care                        | <input type="checkbox"/> Child Care   | <input type="checkbox"/> Put Away Groceries | <input type="checkbox"/> Light Housework |
| <input type="checkbox"/> Cleaning<br>Garage/Basement | <input type="checkbox"/> Organizing<br>Cupboards/Closets | <input type="checkbox"/> Anything! <i>(If you select anything, you could be called for any job but you may refuse if not interested.)</i> |   |  |

Please list days/times you are NOT available:

Please list any experience, training, work history (including volunteer work):

Teen Signature:

Date:

## THIS SECTION MUST BE FILLED OUT BY PARENT/GUARDIAN

Does your child have any health limitations that would make him/her unable to do certain jobs? ☐ Yes ☐ No

If yes, please list limits:

Would you be willing to drive your child to other areas of Cheektowaga outside of your neighborhood? ☐ Yes ☐ No

**I have read the information contained in this flyer and reviewed my child's information in the above application. I have discussed the program with my child. I will strongly encourage my child to return calls to adults residents and the Cheektowaga Senior Center promptly.**

I,  will permit my child,  to participate in the Odd Jobs program  
(Parent/Guardian Name) (Child's Name)

and have read and agree to all terms of the program stated above.

Parent Signature:

Date:

**Return completed for to Cheektowaga Y.E.S., 275 Alexander Ave, Cheektowaga NY 14211  
or by email CheektowagaYES@tocny.org**