



The United Church of Pittsford

123 South Main Street, Pittsford, New York 14534
(585) 586-6870

Reducing the Risk Youth Volunteer Form

Youth's Name

Youth's Phone Number

Youth's Address

Youth's Date of Birth

For Youth to Fill Out

Please place an 'X' next to the statement below to indicate you understand and agree with the statement.

_____ When I participate as a youth volunteer, I will do my best to protect the safety of those around me.

_____ I will report any unsafe behavior to the adult volunteers present and my parents

_____ My parents have read the UCP Reducing the Risk Policy and have explained it to me.

Youth Signature and Date _____

For Parent to Fill Out

Parent's Name

Parent's Phone Number

Parent's Address

Please put an 'X' to indicate 'yes'

_____ I have read the UCP Reducing the Risk Policy located at

http://www.ucpittsford.org/files/doc_frm_news/reducing_the_risk.pdf

and have explained it at an age appropriate level to my child.

Parent Signature and Date _____