



Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Day: _____ Business: _____ Email: _____

In case of emergency, please notify:

Name: _____ Phone Number: _____ Relationship: _____

Are you 18 years old or older? Yes No

If no, what is your birth date? Month: _____ Date: _____ Year: _____

Are you a US citizen? Yes No

If you are interested in a particular area or assignment, please indicate your preference:

Are there any physical limitations that might affect your volunteer work?

Please list all previous volunteer experience:

Do you have any special interests or talents?



EDUCATION:

Are you currently in school? Yes No

School:

Major:

Are you volunteering to fulfill a school requirement? Yes No

If yes, number of hours needed:

Name of contact school person:

Phone:

EMPLOYMENT:

Are you currently employed? Yes No

If yes, your title:

Employer:

Address:

City:

State:

Zip Code:

Please list if referred by someone:

Name:

Address:

City:

State:

Zip Code:

Telephone Day:

Business:

Email:

Relationship:

Please mail this form to:

ECMC Lifeline Foundation, Inc.
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Buffalo, New York 14215

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