



## VOLUNTEER REGISTRATION FORM

**10-24-18 · New Bedford YMCA · 9am-1pm**

25 South Water Street · New Bedford, MA

### CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Person to contact in the event of an accident or emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

### HERE'S HOW I CAN HELP!

Light Set-Up/Break Down

Greeter/General Info

Registration Table

RMV Applications

Food Stations

Surveys

Hospitality

**Volunteer Shift:**

8:15am - 1:15pm

**What language(s) do you speak:**

English

Portuguese

Spanish

Creole

### PERSONAL INFORMATION (Confidential)

I consider myself to be physically fit and do not have any apparent medical issues

The following medical condition(s) or physical limitations or medications may affect my ability to perform my volunteer duties. I understand it is up to me to request volunteer duties that would be within my abilities \_\_\_\_\_

Please email completed form to: [Leslie.Poulin@firstcitizens.org](mailto:Leslie.Poulin@firstcitizens.org)  
or mail to: First Citizens' Federal Credit Union · Attn: Leslie Poulin  
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