



Volunteer Form

Sunday, December 31, 2017
4:30 p.m. to approximately 10:00 p.m.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

NOTE: Volunteers must be at least 12 years old. Please check one of the following to help assist with placement:

- 12-17 years old 18-35 years old
- 36-55 years old 56 years and older

What size shirt would you like? (Circle one)

Small Medium Large XLarge XXLarge

What role would you like as a volunteer?

Please check one of the following:

- Wherever needed- we will place you appropriately.
- Site volunteer- a true hands-on experience; responsibilities may include monitoring crowds, distributing schedule brochures, directing participants and assisting with event activities such as monitoring games, bounce houses, etc.
- Costumed character volunteer- wearing a pre-designated character costume we provide. Please provide your approximate height _____.

Please Note: Requesting a specific volunteer role or shift does not guarantee that you will be placed accordingly; however, we will make every effort to accommodate your request. We are asking volunteers to be available from 4:30 –10PM the night of the event.

Spaces are filled on a first-come, first-served basis. Confirmation of your assignment will be mailed to you in mid-December.

If you would like to volunteer with a friend or family member, or prefer to volunteer in a specific role, please write this information in the space provided below. Also, if you have any limitations (e.g., no lifting, no standing for long periods), please inform us.

**Please return this form as soon as possible.
We appreciate your support.**

Independent Health Foundation

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