



P.O. Box 2205
Liverpool, NY 13089
315.530.8926
www.movealonginc.com

Volunteer Registration Form

IMPORTANT! You must read, complete, sign and return this form to your Committee Chair prior to taking part in the activity.

Volunteer Name: _____
Gender: _____ Age: _____
Address: _____
Town: _____ State: _____
Zip code: _____
Phone: _____ Email: _____

How did you hear about Move Along? _____

Emergency Contact Name: _____
Emergency Contact Phone: _____
Pre-existing medical condition(s): _____

Please help us find the perfect fit for you:

Volunteer Strengths/choice(s): (i.e. event planning, sled hockey, basketball)						

Please list resources you have that may be beneficial to Move Along:						

Certification(s): <i>(Please list all pertinent certifications and attach copy)</i>						

Availability: (Please list hrs)						
Mon	Tue	Wed	Thurs	Fri	Sat	Sun
_____	_____	_____	_____	_____	_____	_____
Hours/week:		Special Notes:				
_____		_____				

Date: _____ Signature: _____

**For more information please contact:
Karen Kaye phone: 315-877-8408 email: Karen@movealonginc.com**