



Volunteer Application & Emergency Contact Form

Event: Health Fair, St. Bartholomew Church School Gym, Sunday, August 27, 2006
(Location: 44-15 Judge St., Elmhurst, NY 11373)

Name: _____

Address: _____
Street Apt# City/State/Zip

Home Phone: () _____ - _____ Work Phone: () _____ - _____

Email: _____ Cell Phone: () _____ - _____

1. College/University/Organization: (check one)

- ☐ NYU Center for the Study of Asian American Health (NYU CSAAH)
- ☐ Kalusugan Coalition
- ☐ Philippine New York Junior Chamber (JAYCESS)
- ☐ Other: _____

2. Emergency Contact:

Emergency Contact: _____

Relationship: _____

Address: _____
Street Apt # City/State/Zip

Home Phone: _____ Work Phone: _____

Cellular Phone: _____

3. Certification of Application

I certify that the information in this application is accurate and complete to the best of my knowledge. I understand that as a volunteer I am required to abide by all rules and regulations of the Center for the Study of Asian American Health and NYU School of Medicine.

Name (please print) _____ Date _____

Signature _____