



VOLUNTEER APPLICATION

Name **Date of Birth**

Address

Home Phone # **Mobile #** **Work #**

Email

Emergency Contact **Emergency Contact Phone**

Have You Volunteered with IHIH before? **If so, when (years)?**

What Type of Volunteer position are you interested in?

What Days Are You Available? **What Times?** **What Age Group?**

Are You Certified For CPR or First Aid?

How Did You Hear About IHIH

***ALL INFORMATION IN THIS APPLICATION MUST BE PROVIDED
IN ORDER TO BE CONSIDERED AS A VOLUNTEER FOR IHIH!**

Please send to:

Attn: Jessica Murray, Ice Hockey In Harlem, PO Box 978 , Hell Gate Station, New York, NY 10029

Please Return This Form Via Fax to (212) 722-0018 or email to jmurray@icehockeyinharlem.org.

(OVER)

