



VOLUNTEER APPLICATION

(Please Print)



PLEASE RETURN THIS FORM TO:

Central Association for the Blind and Visually Impaired (CABVI), 507 Kent St, Utica, NY 13501,
Attn: Megan Marshall. Any questions, please call 315-797-2233 ext 1248, or email meganm@cabvi.org.

Last Name _____ First Name _____

Mr. Ms. Mrs. Dr. (check one)

Address _____ Unit/Apt. No. _____

City _____ State _____ ZIP _____

Phone (primary) _____ Phone (secondary) _____
 home cell work home cell work

E-mail _____ May we contact you by email? Yes No

Emergency Contact _____ Relationship: _____

Phone 1 _____ 2 _____ T-shirt: Adult S M L XL XXL

EMPLOYMENT (most recent):

Company/School District _____ From – To: _____

Position _____

Duties _____ Phone _____

Languages _____ (note whether fluent or conversational)

Certifications _____

Signature _____ **Date** _____

CEU credits will be available for all O&Ms who volunteer and support this event.

PHOTOGRAPH, EDITORIAL AND RECORDING RELEASE

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Signature _____ **Date** _____