

Volunteer Form

IndependentHealth.com/FNDVolunteer

Name _____ Age _____

Street Address _____ Apt. # _____

City/State/Zip _____

Phone _____

E-mail _____

Which event would you be interested in assisting as a RedShirt® Volunteer?

Please check all that apply:

<input checked="" type="checkbox"/> EVENT	DATE(S)	DESCRIPTION	PLACE	TIME(S)
<input type="checkbox"/> Kids Run	June	Run for children of all ages	Delaware Park, Buffalo	Morning through early afternoon
<input type="checkbox"/> Good for the Neighborhood®	Quarterly Events Weeknights	Brings healthy living training and tools to assist people in managing and improving their own health	Buffalo and Niagara Falls	Approximately 4–8 p.m.
<input type="checkbox"/> First Night® Buffalo	New Year's Eve	Family New Year's Celebration	Buffalo Convention Center	Approximately 4–10 p.m.
<input type="checkbox"/> Medicare Ambassador Program	Ongoing	Support brand awareness, community and Medicare member engagement	Medicare Health Hub, Medicare Information Centers, Community events	Approximately 4-5 hours per month

Please complete this form and a representative will follow up with you.

Forms may be emailed to foundation@independenthealth.com OR mailed to:

Independent Health Foundation
511 Farber Lakes Drive
Williamsville, NY 14221

Questions? Call (716) 635-4959.

Thank you!

