



*Respect, Dignity
and Independence
for Our Seniors*

Event Volunteer Registration

Date: _____

First Name	
Last Name	
Address	
Tel./Cellphone number	
E-mail	

Preferred Method of Contact : Phone
 E-mail

EMERGENCY CONTACT

Person to notify in case of emergency: Someone we can call in the event of emergency

Last Name	
First Name	
Relationship	
Tel./Cellphone number	

EVENT DATES

Name of the Event	
Date of the Event	

HOW DID YOU HEAR ABOUT VOLUNTEERING WITH MOMIJI EVENT?

- Friend/Relative
- Social Media (Facebook)
- Internet (Website)
- Walked by
- Event Poster
- Other

*(All information is kept in strictest confidential)
Thank you for volunteering and supporting Momiji Health Care Society*