



Riverdale YM-YWHA

Fred and Anna Landau Bldg. / 5625 Arlington Avenue / Bronx, New York 10471
(718) 548-8200 / Fax (718) 796-6339 / www.RiverdaleY.org

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RIVERDALE Y VOLUNTEER SERVICE CORPS SPECIAL EVENTS VOLUNTEER

EVENT _____ DATE _____

NAME _____

CELL _____ EMAIL _____

COMPANY Y/N _____

COMPANY CONTACT Name/Phone _____

EMERGENCY CONTACT:

NAME _____

TELEPHONE _____

MEDICAL CONCERNS

EVENT ASSIGNMENT _____

SUPERVISOR _____

TIME IN _____ TIME OUT _____

SIGNATURE _____

THANK YOU FOR VOLUNTEERING AT THE RIVERDALE Y!