

**Border Community S.E.R.V.I.C.E. at Niagara University**  
**Special Emergency Response Volunteer Initiative for Community Education**

VOLUNTEER ENROLLMENT FORM (Please print and complete all sections)

Name	
Address	
City, State, Zip	
Phone	
Date of Birth	Gender: ___ Male ___ Female
E-mail	

Are you a Niagara University Employee? Yes No Are you a Veteran? Yes No

How did you learn about BCEVI? \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_  
 Phone: \_\_\_\_\_

As a participant in this grant project you will be automatically covered by volunteer insurance coverage. Please provide the following information.

- Do you expect to use your own vehicle for any BCEVI volunteer activities? (i.e. getting to and from a volunteer location; transporting volunteer materials, etc.)  
 Yes No
- Beneficiary for Volunteer Supplemental Accident Insurance which will be provided free of charge:

Name: \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

I acknowledge that by participating in this training, I am making a commitment to provide volunteer services through Border Community S.E.R.V.I.C.E. in the event of an emergency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

