



**Visionaries of the Baton Rouge
Regional Eye Bank**
Saving Sight - Saving Lives

Volunteer Application

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Date of Birth: _____

Areas of Interest

Events (circle one or more)

- Phantom Breakfast Fundraiser
- Day at the Races Fundraiser
- Thanksgiving Memorial Service for Life and Sight
- Future events

Education (circle one or more)

- Distribute Brochures – Offices, Hospitals
- Health Fairs – Schools, Churches, Hospitals
- Guest Speaker

Emergency Contact Information

Full Name: _____
Last *First*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____