



*Volunteer Administrators of WNY  
(VAWNY)*

**VAWNY Member Information**

Name \_\_\_\_\_

Title \_\_\_\_\_

Year you became a VAWNY Member \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

**Supervisor Information**

Supervisor's Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Agency Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Agency Director Information**

Director's Name \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Agency Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Please send completed questionnaire to VAWNY President: Shawn O'Hargan - Volunteer Services Coordinator – American Red Cross Blood Services – 786 Delaware Avenue – Buffalo, NY 14209. For questions and/or comments, contact Shawn during the day by calling 878-2397 or e-mail to: [ohargans@usa.redcross.org](mailto:ohargans@usa.redcross.org). *As always, we thank you for your consideration in this matter.*