



ACTIVE SHOOTER DRILL VOLUNTEER REGISTRATION FORM

Name: _____

Date of Birth: _____

Address: _____

E-Mail: _____

Phone Number: _____

Cell Phone Carrier: _____

Driver's License Number: _____
(or Non-Driver ID #)



STUDENTS

School: _____

INTERNATIONAL STUDENTS ONLY:

Passport #: _____

Visa Classification: _____

Visa #: _____

Citizenship: _____

E-mail completed forms to Jeanette_Buffamonti@nfta.com or mail to Jeanette Buffamonti at Transit Authority Police Department, 1404 Main Street, Buffalo, NY 14209.

**ALL PARTICIPANTS MUST COMPLETE A
PARTICIPATION AGREEMENT RELEASE AND WAIVER**