

# VOLUNTEER EMERGENCY CONTACT FORM

Name: \_\_\_\_\_

Council/Board/Commission: \_\_\_\_\_

## Personal Contact Information:

Home Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Emergency Contact Information:

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Medical Contact Information:

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I have voluntarily provided the above contact information and authorize the City of Anna and as representatives to contact any of the above on my behalf in the event of an emergency.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_