

# Disaster Relief Volunteer Emergency Contact Form

**Instructions:** Please print this form, fill out the details clearly in block letters, and keep a copy in your volunteer deployment pack. Provide a copy to your Field Coordinator before deployment.

## Volunteer Personal Information

Full Legal Name:

Date of Birth (MM/DD/YYYY):

Primary Phone Number:

Email Address:

Home Address (Street, City, State, ZIP):

Disaster Relief Agency/Affiliation:

## Primary Emergency Contact

Contact Full Name:

Relationship to Volunteer:

Daytime Phone Number:

Evening/Alternative Phone Number:

Contact Address (City, State):

## Secondary Emergency Contact

Contact Full Name:

Relationship to Volunteer:

Primary Phone Number:

## Medical Information (Optional)

*This information will only be used by medical personnel in the event of an emergency.*

Blood Type:

Known Allergies (Medicines, Food, Insect bites):

Existing Medical Conditions / Medications: