

Volunteer Visitor Emergency Contact Form

Please complete this form to ensure we have up-to-date emergency contact information on file. This form is designed to be printed and filled out.

1. Volunteer Visitor Information

Full Name:
Phone Number:
Email Address:
Street Address:
City, State, Zip Code:

2. Primary Emergency Contact

Contact Name:
Relationship to Volunteer:
Primary Phone:
Alternate Phone:
Email Address:

3. Secondary Emergency Contact (Optional)

Contact Name:
Relationship to Volunteer:
Primary Phone:
Alternate Phone:

4. Medical Information (Optional)

This information will only be accessed in the event of an emergency.

Medical Conditions / Allergies:
Preferred Physician Name:
Physician Phone Number:

5. Authorization and Signature

I authorize the volunteer coordinator to contact the individuals listed above in the event of an emergency.

Volunteer Signature: Date: