

Emergency Contact Form for Animal Shelter Volunteers

Please fill out this form. This document will be kept on file at the animal shelter in case of an emergency during your volunteer shift.

Volunteer Information

Volunteer Full Name:

Volunteer Phone Number:

Volunteer Email Address:

Home Address:

Primary Emergency Contact

Contact Name:

Relationship to Volunteer:

Primary Phone Number:

Alternate Phone Number:

Secondary Emergency Contact

Contact Name:

Relationship to Volunteer:

Primary Phone Number:

Alternate Phone Number:

Medical Information (Optional)

This information will only be shared with emergency medical personnel if necessary.

Known Allergies (especially animal-related):

Relevant Medical Conditions:

Preferred Hospital:

Signatures

By signing below, you authorize the animal shelter staff to contact the individuals listed above in the event of an emergency.

Volunteer Signature:

Date: