

# International Volunteer Emergency Contact Form

Instructions: Please complete this form in block letters. Keep a printed copy with your travel documents and submit a copy to the volunteer coordinator before departure.

## Volunteer Personal Information

Full Name (as it appears on passport):

Date of Birth (DD/MM/YYYY):

Nationality:

Passport Number:

Volunteer Program/ Destination Country:

## Primary Emergency Contact

Full Name:

Relationship to Volunteer:

Primary Phone Number (include country code):

Alternative Phone Number:

Email Address:

Physical Address (Street, City, State/Province, Country):

Languages Spoken:

## Secondary Emergency Contact

Full Name:

Relationship to Volunteer:

Primary Phone Number (include country code):

Email Address:

## Medical & Travel Insurance Information

Blood Type (A+, O-, etc.):

Known Allergies (Food, Medication, Insect Stings):

Current Medications / Medical Conditions:

Travel Insurance Provider Name:

Insurance Policy/Certificate Number:

Insurance Emergency Hotline (24/7 Phone):

## **Volunteer Signature for Authorization**

*By signing below, I authorize the volunteer organization to contact the individuals listed above and share necessary medical information in the event of an emergency.*

Volunteer Signature (Print and Sign):

Date (DD/MM/YYYY):