

Event Volunteer Emergency Contact Form

Please fill out this form clearly. This information will be kept on file for safety purposes during the event.

Volunteer Information

Full Name:

Phone Number:

Email Address:

Event Name & Role:

Primary Emergency Contact

Contact Full Name:

Relationship to Volunteer:

Primary Phone Number:

Secondary Phone Number:

Secondary Emergency Contact

Contact Full Name:

Relationship to Volunteer:

Phone Number:

Medical & Additional Information (Optional)

Known Allergies or Medical Conditions:

Blood Type (if known):

Authorization & Signature

I confirm that the information provided above is accurate and up to date.

Volunteer Signature (Print Name):

Date: