



# VOLUNTEER EMERGENCY CONTACT FORM

First and Last Name (please print clearly)

\_\_\_\_\_

In which area(s) do you volunteer at Fishline(check all that apply):

- Food Bank Market
- Second Season
- Client Services
- Administration/Office Support
- Special Projects: \_\_\_\_\_
- Fishline Programs: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

### **Personal Contact Info:**

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

### **Emergency Contact Info:**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

### **Medical Contact Info:**

Doctor Name. \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone # \_\_\_\_\_

I have voluntarily provided the above contact information and authorize Fishline and its representatives to contact any of the above on my behalf in the event of an emergency.

**Volunteer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_