



# Emergency Contact Information

**Volunteer's Name:** \_\_\_\_\_ **Date\*:** \_\_\_/\_\_\_/\_\_\_  
(Please Print Full Name)

*\*(An updated Emergency Contact form will be required each year)*

**Volunteer's Legal Guardian\* :** \_\_\_\_\_  
(Please Print Full Name)

*\*(If the Volunteer acts as their own legal guardian, Volunteer should write their own name here)*

## Primary Emergency Contact:

**Name:** \_\_\_\_\_

**Relationship to Volunteer:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mobile Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Secondary Emergency Contact:

**Name:** \_\_\_\_\_

**Relationship to Volunteer:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Mobile Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Does Volunteer have serious or potentially Life Threatening Allergies? YES/ NO**

**Please Describe:** \_\_\_\_\_

**Please Include any additional information which EV staff should be aware of in order to help ensure safety and well-being of volunteer (Relevant medical information, etc.):**

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