

CONFIDENTIAL

VOLUNTEER EMERGENCY CONTACT CARD

| Volunteer: | |
|---|--|
| First | Last |
| In the event of an emergency pleas | e provide the name, and phone number of an |
| individual that you would like us to o | contact. |
| Name: | Relationship: |
| Cell Phone #: ()// | Work Phone #: ()/ |
| I,(Volunteer's name) the event of an emergency. | give consent to contact the person listed above in |
| By signing this form, I'm voluntarily | providing this information. |
| Volunteer's signature | Date |