



## Volunteer Emergency Information Form

Please complete the information below:

### **VOLUNTEER**

<i>Name First</i>		<i>Last</i>	
<i>Address</i>			
<i>City</i>	<i>State</i>		<i>Zip Code</i>
<i>Phone number</i>		<i>Cell number</i>	
<i>Email address</i>			
<i>Known allergies/medical issues that CIS staff should be made aware of:</i>			

### **EMERGENCY CONTACT**

<i>Name First</i>		<i>Last</i>	
<i>Relationship to Volunteer</i>			
<i>Phone number</i>		<i>Cell / Alternate number</i>	

<i>Volunteer Signature</i>	<i>Date</i>
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