



VOLUNTEER EMERGENCY CONTACT FORM

Printed Name of Volunteer: _____

In case of an emergency, please contact:

Name: _____

Phone Number: _____

Relationship: _____

Parent/Guardian Contact Information (if under 18)

Name: _____

Phone Number: _____

Relationship: _____

Email: _____

Signature of Volunteer: _____

Date: _____

Signature of Supervisor: _____

Date: _____

A copy of this form is to be forwarded to the Volunteer Coordinator in the City Secretary's Office