VOLUNTEER PERSONAL RECORD

VOLUNTEER EMERGENCY NOTIFICATION (For Volunteers 18 years of age or older)

Name – Last	First	Middle	Sex F ☐ M ☐	Date of Birth: / /

Address Number Street Name	Apt #	City	State	Zip Code

In case of Emergency, Contact Name:	Relationship:	Daytime Phone: ( )
Address:		Evening Phone: ( )
Medical Insurance Coverage Provider:		Policy Number:

Doctors Name:	Doctors Address:	Doctors Phone Number: ( )

Signature: _____ Date: _____

VOLUNTEER PERSONAL RECORD

VOLUNTEER EMERGENCY MEDICAL RELEASE (FOR VOLUNTEER UNDER 18 years of age)

Name – Last	First	Middle	Sex F ☐ M ☐	Date of Birth: / /

Address Number Street Name	Apt #	City	State	Zip Code

In case of Emergency, Contact Name:	Relationship:	Day Phone: ( )
Address:		Evening Phone: ( )
Medical Insurance Coverage Provider:		Policy Number: ( )

Doctors Name:	Doctors Address:	Doctors Phone Number: ( )

IN THE EVENT OF AN EMERGENCY (PRINT NAME): _____
Has my permission to receive medical treatment to be performed by qualified medical personnel.

Where possible, I would prefer treatment to be administered by:
Doctor _____
And/or the _____ hospital.

Signature: _____ Date: _____
Parents/Guardian Name: _____
Relationship to applicant: _____