



**Heartbeat of
Champions
Foundation**

VOLUNTEER PERSONAL RECORD

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

Name – Last	First	Middle	Sex F <input type="checkbox"/> M <input type="checkbox"/>	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 <input type="checkbox"/> M <input type="checkbox"/>	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: _____