



WCCA Volunteer Emergency Contact Info

Volunteer Name: _____ Date of Birth: _____

Medical Conditions: _____

Current Health Insurance Provider: _____

Emergency Contact #1

Name: _____ Relationship: _____

Phone: _____

Emergency Contact #2

Name: _____ Relationship: _____

Phone: _____

Volunteer Signature: _____

Date: _____

**The Emergency Contact form is maintained in the volunteer's personnel file.
Volunteers are responsible for updating their own emergency contact information.
This information will be used for emergency purposes only.**