

EMERGENCY VOLUNTEER INFORMATION

To be completed by adult volunteer or parent/legal guardian of teen volunteer

Name of Volunteer	Volunteer under the age of 18: Yes or No
Residential Address	
Phone	Telephone #1: Telephone #2:

In the event of an emergency, list the names and telephone numbers of two adults to be contacted:

EMERGENCY CONTACT #1

Name	
Residential Address	
Phone	Telephone #1: Telephone #2:
Relationship to Volunteer	

EMERGENCY CONTACT #2

Name	
Residential Address	
Phone	Telephone #1: Telephone #2:
Relationship to Volunteer	

Medical information is confidential. It is your decision to inform the Buckeye Public Library System if you believe it necessary for you or your child's health and safety while volunteering or in the case of a medical emergency.

Date Added to File: _____
Entered by: _____