



VOLUNTEER EMERGENCY MEDICAL INFORMATION

This form is voluntary and assists healthcare providers take care of you as efficiently as possible in the event of an emergency. We urge you to include information of at least one person whom emergency personnel can reach on your behalf, as well as any medical conditions and/or allergies that would be beneficial for emergency personnel to know.

VOLUNTEER INFORMATION			
Name (Print):			
Address:			
Phone Number		Cell Number (Other)	
E-mail Address:			
EMERGENCY CONTACT(S)			
CONTACT #1			
Name (Print):		Relationship to Volunteer:	
Phone Number:		Cell/Alternate Number	
CONTACT #2			
Name (Print):		Relationship to Volunteer:	
Phone Number:		Cell/Alternate Number	
MEDICAL INFORMATION			
Do you have known medical conditions that could be impacted by this volunteer activity/work? Please Specify			
Do you have known Allergies? Please Specify:			

Personal information contained on this form is collected in pursuant to the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* and will be used for the purpose of responding to your Volunteer Application. Questions about the collection of this information should be directed to the Municipal Clerk.