

Volunteer/Clergy/Intern Emergency Information Form

1. ___ Volunteer ___ Clergy ___ Intern
2. Organization/School you Represent: _____
3. Last Name _____ First Name _____ M.I. ___
4. Birth Date: _____
5. Complete Address: _____
6. Telephone # _____
7. Email Address _____
8. Date of Birth _____
9. I have a medical condition which requires access to emergency medication (Circle One).
Yes No
10. I have a metal implant that may trigger the metal detector (Circle One)
Yes No
11. Emergency Contact:
Name: _____ Relationship: _____

Telephone Number: _____
12. Motor Vehicle Information:

Year: _____ Model: _____ Color: _____ License #: _____