



Age of Steam Roundhouse

VOLUNTEER EMERGENCY CONTACT FORM

VOLUNTEER'S NAME:

(LAST) _____ (FIRST) _____

FIRST CONTACT PERSON:

NAME: _____

ADDRESS: _____

TELEPHONE: WORK _____

HOME _____

RELATIONSHIP TO VOLUNTEER _____

SECOND CONTACT PERSON:

NAME: _____

ADDRESS: _____

TELEPHONE: WORK _____

HOME _____

RELATIONSHIP TO VOLUNTEER _____

PRIMARY CARE PHYSICIAN'S TELEPHONE NUMBER: _____

PREFERRED HOSPITAL _____

I authorize the Jerry and Laura Foundation, Inc. to contact the aforementioned individuals and necessary doctors and/or facilities in case of an emergency.

X _____

VOLUNTEER SIGNATURE

DATE