



# Senior Resources of Freeborn County

## Volunteer Emergency Contact Form

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### Emergency Contact Info:

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

**Medical Info:** Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I have voluntarily provided the above information and authorize Senior Resources and its representatives to contact any of the above on my behalf in the event of an emergency.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_