

## **VOLUNTEER INFORMATION FORM**

**Department Name:** \_\_\_\_\_ **Department Contact:** \_\_\_\_\_

**Information Change:** ☐ **Name** ☐ **Address** ☐ **Phone** ☐ **Emergency Contact Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: (Primary) \_\_\_\_\_ (Other) \_\_\_\_\_

Date Completed \_\_\_\_\_

### **IN CASE OF EMERGENCY, PLEASE NOTIFY**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: (Primary) \_\_\_\_\_ (Other) \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: (Primary) \_\_\_\_\_ (Other) \_\_\_\_\_

*Department keep original. Scan copy of this form to Human Resources.*