

Emergency Contact Information for Volunteers

Dear Volunteer,

For your safety and preparedness during emergency response activities, please provide your essential contact information below:

Personal Information

Name: [Your Name]

Address: [Your Address]

Phone Number: [Your Phone Number]

Email Address: [Your Email Address]

Emergency Contact Information

Emergency Contact Name: [Contact Name]

Relationship: [Relationship to Contact]

Phone Number: [Contact Phone Number]

Alternate Phone Number: [Alternative Contact Number]

Medical Information

Allergies: [List any allergies]

Medical Conditions: [List any medical conditions]

Medications: [List any medications]

Additional Information

Special Skills/Certifications: [List any relevant skills or certifications]

Please ensure that your information is accurate and up to date. This will greatly assist in any emergency response efforts.

Thank you for your commitment to helping our community.

Sincerely,
[Your Organization Name]