KIWANIS MEMBER/VOLUNTEER/STAFF MEDICAL EMERGENCY INFORMATION FORM

Name (FML): ____ **Date of Birth** (mm/dd/yy): _____/_____/_____

Address: ____ **City:** ___________________ **St**: ___ **Zip**: __________

Cell#: ___________________________ **Day Ph**#: ____________________ **Eve Ph**#: _________________________

Email: __________________________________ How long will you commit to help Kiwanis? __________________

How many hours per week do you wish to work? ____+ Which day(s)? ____ Mon ____ Tu ___Wed ___Th ____ Fr ____ Sat

Kiwanis Relationships (for new volunteers only):

Name(s) of Kiwanis Members or Kiwanis Volunteers who you know:____

Have you done volunteer work before? ___No ___Yes, at what organization?: ___________________. What do you like about volunteer work? ____

Brief description of previous volunteer experience: ____

What do you feel are some qualities needed to work with the public: ____

Location of Kiwanis Volunteer Service: _____KCD (Downtown); _____KCW (West);

PRIMARY CONTACT IN CASE OF AN EMERGENCY

Primary Contact in case of injury: ____

Primary Contact Phone info: Cell #: ________________ Land Line #: ______________________

Address: ____ City: ___________________ St: ___ Zip: __________

Relationship of primary contact: ___Spouse ___Parent ___Sibling ___Child ___Friend, Other (Specify) _____________

_____ Patient Advocate (Medical Power of Attorney), if any: ____

ALTERNATE CONTACT IN CASE OF AN EMERGENCY **

Alternate Contact in case of injury: ____

Alternate Contact phone info: Cell #: ________________ Land line #: ________________________

Relationship of alternate contact: ___ Spouse ___ Parent ___ Sibling ___ Child ___ Friend, Other (Specify) ______________

Address: ____ City: ___________________ St: ___ Zip: __________

Preferred Hospital: ___ UM ___ St. Joseph Mercy or Other (Specify): __________________________

OPTIONAL QUESTION: IMPORTANT HEALTH INFORMATION that might be useful to know in case of an emergency (e.g., allergies, heart problems, diabetic, implants, etc.): ____

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VOLUNTEER SIGNATURE: ______________________________________ DATE: ____/____/____