

TOWN OF LONGBOAT KEY

#### VOLUNTEER EMERGENCY CONTACT FORM

**VOLUNTEER NAME *(please print)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Emergency Contact Information**

Person(s) to be notified in case of accident or illness:

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |
| **Street:** | **City:** |
| **State/Zip:** |  |
| **Phone 1:** | **Phone 2:** |
|  |  |
| **Name:** | **Relationship:** |
| **Street:** | **City** |
| **State/Zip:** |  |
| **Phone 1:** | **Phone 2:** |

### Volunteer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_