

## Personal and Medical Information Form for Volunteers

Volunteers are requested to provide the following information to the state disaster relief director and to give to the unit director upon arrival at the disaster work location.

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Church \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### Emergency Contacts (please list two people)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Health Information

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Group/Policy \_\_\_\_\_ Insurance Phone \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Symptoms \_\_\_\_\_ Antidotes \_\_\_\_\_

### Other Information ( for drivers)

Auto Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Car License No. \_\_\_\_\_ State \_\_\_\_\_

