

Keystone Church

Adult Volunteer Emergency Contact and Medical Information

Volunteer Name _____

Please indicate where you'll be volunteering:

Site: _____ Date of Mission Trip _____

Please complete the form below. The information will be kept in the strictest confidence. This is standard, but critical information for Keystone Church to be able to protect you, your family and the ministry to the greatest extent possible. We want to make sure that if an emergency occurs, the correct knowledge and preparation is in place to properly care for you.

Please list at least two people that could be contacted on your behalf in case of emergency:

FIRST CONTACT

Name _____

Address _____

City _____ State _____ Zip Code _____

Relationship to volunteer _____

Home phone _____ Cell phone _____

SECOND CONTACT

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Relationship to Volunteer _____

If you are not a member/attendee of Keystone Church, then please provide the following:

Pastor's Name _____ Church Name _____

Address _____

City _____ State _____ Zip Code _____

Church phone _____

Please describe any medical considerations you may want us to be aware of: allergies, diabetic, heart ailments, rare blood type, recent injuries/surgeries, etc.

Note: It is each participant's responsibility to bring needed / appropriate medications (i.e. EpiPens, insulin, inhalers and prescription medications) with you to the site. Keystone cannot be responsible for these medications.

Date of last Tetanus vaccine: _____

Date _____ Signature _____