

# Rainier School District

## VOLUNTEER EMERGENCY DATA FORM

### *Personal Data*

Employee Name: Last, First, Middle		Phone:
Address:		Cell / Alt Phone:
City:	State:	Zip Code:
Social Security #: (Optional)	Sex: (Circle) Male                  Female	Date of Birth:
E-Mail:		

### *Emergency Information*

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Hospital Preference:	Physician Name:	Phone:
Other medical information in case of an emergency:		

### *Other Information*

What will you be volunteering for in our district?
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