

# Prevention Connection



Safety resources to protect your world

## Sample volunteer general information

Volunteer name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is volunteer under age 18?  Yes  No

If yes, parent or legal guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Additional Information — please list details

Specific dietary requirements: \_\_\_\_\_

Specific physical requirements: \_\_\_\_\_

Other: \_\_\_\_\_

Background check required. Signature authorizing: \_\_\_\_\_