

**KEYSTONE MISSION
VOLUNTEER EMERGENCY CONTACT FORM**

VOLUNTEER INFORMATION

First & Last Name _____

Address _____

Phone Number _____ E-mail _____

PRIMARY CONTACT #1

First & Last Name _____

Relationship to Volunteer _____

Address _____

Phone Number _____ E-mail _____

PRIMARY CONTACT #2

First & Last Name _____

Relationship to Volunteer _____

Address _____

Phone Number _____ E-mail _____

ACKNOWLEDGEMENT

I, _____ hereby give Keystone Mission personnel permission to contact one or both of my emergency contacts in the matter of an emergency.

Date of Agreement _____