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Description automatically generated

**Volunteer Emergency Contact Information**

Thank you for giving your time through Volunteering at >>>>>. As part of our duty of care we need this vital information in case of an emergency situation.

|  |  |
| --- | --- |
| 1. **PERSONAL DETAILS** | |
| Title |  |
| Surname |  |
| Given Name |  |
| Address |  |
| Suburb |  |
| State |  |
| Post Code |  |
| Telephone (Primary) |  |
| Telephone (Secondary) |  |
| Email Address |  |

|  |  |
| --- | --- |
| **2. EMERGENCY CONTACT DETAILS** (It is essential that all volunteers list an emergency contact.) | |
| Full Name |  |
| Relationship |  |
| Address |  |
| Suburb |  |
| State |  |
| Post Code |  |
| Telephone (Primary) |  |
| Telephone (Secondary) |  |
| Email Address |  |

|  |  |
| --- | --- |
| **3. MEDICAL CONDITIONS** | |
| Are there any medical conditions that we should be aware of? |  |
| Volunteers Signature |  |
| Date |  |

**ALL INFORMATION PROVIDED IN YOUR APPLICATION WILL BE TREATED CONFIDENTIALLY.**