

**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.

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

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|  **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 |  |

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|  **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.**