UC Merced Early Childhood Education Center
Volunteer Emergency Form

Name:_____

Home Phone:_____

Cell Phone:_____

Emergency Hosptial:_____

Insurance:_____ Number:_____

Physician's Name/Number:_____

Medical Conditions/Allergies/Medications:

_____

_____

_____

_____

_____

In Case of Emergency – Contact:

Name:_____

Relation:_____

Work Phone:_____

Cell Phone:_____

Home Phone:_____

More emergency contacts on back and statement, please sign bottom.

Name:_____

Relation:_____

Work Phone:_____

Cell Phone:_____

Home Phone:_____

I understand that this information is for use in emergency situations and will be shared with attending emergency personnel and hospital staff.

_____ _____

Signed Date

Hours Available:

Monday:_____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Not to exceed 15 hours per week.

Major &/or reason for volunteering at the ECEC:

_____