



EMERGENCY CONTACT FORM

To be filled out by everyone age 18 and older who wishes to take part in a Habitat project.

Participant's Name (please print) Date

Home Street Address Phone

City State Zip

email address

In Case of Emergency Contact:

Name Relationship to you

Home Street Address

City State Zip

Home Phone Work Phone

Doctor's Name Doctor's Phone

Other emergency instructions we should be aware of (medical conditions, allergies, etc.)

*Note: It is your responsibility to report these conditions to the site supervisor.

Acknowledgement:

I acknowledge that I have received a copy of the Habitat Work Crew Safety Manual and the Safety Checklist; that I have read it and reviewed it; and that I understand its contents.

Signature of Volunteer Date

I have seen the Habitat Safety video or taken the Safety Course at www.hfhvolunteerinsurance.com. (Check box)