

# VOLUNTEER EMERGENCY INFORMATION/VOLUNTEER HOURS TRACKING FORM FOR BORDER TRASH CLEANUPS

To be completed by the volunteer (*optional*) in case of an emergency during cleanup. Print information and include area codes. Give to cleanup coordinator. **INFORMATION WILL BE KEPT CONFIDENTIAL AND RETURNED TO VOLUNTEER AT END OF CLEANUP.**

## EMERGENCY INFORMATION

Volunteer Contact Information				
Name of Volunteer Group:				
Name:			Last 4 Digits of SSN#:	
Home Address:				
City:	State:	Zip Code:	E-Mail:	
Phone:		Cell Phone:		
Person to Notify in Case of an Emergency				
Name:			Relationship:	
Home Address:				
City:	State:	Zip Code:	Phone:	
Backup Contact in Case of an Emergency				
Name:			Relationship:	
Home Address:				
City:	State:	Zip Code:	Phone:	
Physician to Notify in Case of an Emergency				
Physician Name:			Phone:	
Medical Plan:		Hospital Preference/City:		
Special Medical Conditions				
Special Medical Conditions *(Diabetes, Hypertension, Regular Medications, Etc.):				
Allergies to ( <i>Specify</i> ):				
Signature:			Date:	

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## VOLUNTEER HOURS AT BORDER TRASH CLEANUP

This is a record of the hours this volunteer dedicated to a cleanup of border trash in Arizona.

VOLUNTEER NAME	DATE(S)	LOCATION	TOTAL HOURS	SIGNATURE OF CLEANUP COORDINATOR