**LIGHT UP NAVAJO**

**VOLUNTEER EMERGENCY INFORMATION**

The purpose of this form is to assist us in the event of an emergency and will be kept confidential.

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| --- | --- | --- |
| VOLUNTEER FIRST NAME   | LAST NAME  | DATE  |
| HOME ADDRESS CITY AND STATE ZIP CODE   |
| HOME PHONE # | CELL PHONE # |

# **IN CASE OF EMERGENCY, NOTIFY**

|  |  |
| --- | --- |
| 1. NAME   | RELATIONSHIP TO YOU   |
| HOME ADDRESS   |  |
| WORK PHONE #  | CELL PHONE #  |
| 2. NAME   | RELATIONSHIP TO YOU   |
| HOME ADDRESS   |   |
| WORK PHONE #  | CELL PHONE #  |

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| PRIMARY PHYSICIAN NAME   | PHONE #  |
| ALLERGY(IES)   |
| MEDICAL CONDITIONS  |
| DATE OF BIRTH   | BLOOD TYPE | WEIGHT   | HEIGHT   |

[ ]  I have voluntarily provided the above contact information and authorize the Navajo Tribal Utility Authority and its representatives to contact any of the above on my behalf in the event of an emergency.

|  |  |
| --- | --- |
| EMPLOYEE SIGNATURE  | DATE  |