

Société Alzheimer Society
BRANT HALDIMAND NORFOLK
HAMILTON HALTON

VOLUNTEER EMERGENCY CONTACT FORM

Volunteer Name: _____

Home Tel. # _____ Cell # _____

Emergency Contact Information:

(1) Name _____ Relationship _____

Home Tel. # _____ Cell # _____

(2) Name _____ Relationship _____

Home Tel. # _____ Cell # _____

- ☐ I have voluntarily provided the above contact information and authorize the Alzheimer Society of Brant Haldimand Norfolk Hamilton Halton and its representatives to contact any of the above on my behalf in the event of an emergency.

Signature _____ Date _____