

CITY OF MILPITAS
VOLUNTEER EMERGENCY INFORMATION



Effective Date: _____ Department/Program: _____

Name: _____ Birth date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

EMERGENCY NOTIFICATION: The following people **will** be notified in the event of **emergency**:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Please notify the Volunteer Office at (408)586-3207 if there is any change to ensure that emergency contacts can be reach in an emergency.