



Volunteer Information EZ-Form

Please complete this form legibly and completely. All information provided is strictly confidential.

Title (circle one): Mr. Mrs. Ms. Dr. Rev. Other _____

Full Name: _____

City: _____ State _____ ZIP Code _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Name of Organization Volunteering With: (If not with a group, leave blank)

Are you performing court-mandated Community Service: Y N

In case of an emergency, please contact:

Full Name: _____ Relation: _____

Phone(s): _____

The following information is not required but may be provided to a hospital or medical practitioner not having access to the Volunteer's medical history in case of an emergency:

Allergies: _____

Medications: _____

Physical Impairments: _____

Date of Last Tetanus Shot: _____ Other: _____

Personal Physician: _____ Phone: _____

Health Insurance Coverage

Company Name: _____

Policy Number: _____

Please complete and bring to your volunteer activity or submit to our office at:

4703 Warehouse Lane - Laredo, TX 78041