

EMERGENCY NOTIFICATION FORM

Start Date: _____

Full Name: _____

Home Address: _____

Home Telephone: _____

Social Security Number: _____

Drivers License Number: _____

In Case of an Emergency Notify:

Name: _____

Address: _____

Telephone: _____

Please list any medical problems or restrictions or any reasonable accommodations that need to be made for completion of service.

Health Insurance Certification:

1. Are you a 1700 HOUR contract member?

Yes (answer question #2) **No** (skip to signature line)

2. Do you have health insurance?

Yes **No** **If yes, attach a copy of your Health Insurance Card / Policy to this form.**

AmeriCorps Member Signature: _____

Date: _____