

Cienega High School
Volunteer Medical Information Form
2009/2010

All volunteers need to complete the information on this form in case of an emergency while you are volunteering on our campus.

Volunteer's Name: _____

Home Phone: _____

Cell or Message Phone: _____

Gender: Male ___ Female ___ Date of Birth: _____

Physician's Name: _____

Phone Number: _____

In case of emergency, please contact: _____

Name: _____

Phone #: _____

Relationship: _____

Is there any condition you would like the school to be aware of? _____

Thank you for your cooperation. We want you to feel safe and secure in your school environment as a volunteer! If you have any questions, please contact Liz Taggart, Volunteer Coordinator at 520-879-2811 or taggarte@vail.k12.az.us