



P.O. Box 1916

182 Central Ave., Dover, NH 03820

(603) 742-1038

Volunteer Emergency Contact Form (Confidential)

Volunteer Name: _____

1st Contact Person:

Name: _____

Address: _____

Phone: _____ Alt. Phone: _____

Relationship to Volunteer: _____

2nd Contact Person (Optional):

Name: _____

Address: _____

Phone: _____ Alt. Phone: _____

Relationship to Volunteer: _____

Do you have any health issues or medical information we should be aware of?

Yes _____ No _____ If "Yes," please explain: _____

Primary Care Phone #: _____

Preferred Hospital: _____

As a volunteer at the Woodman Institute Museum, I agree to abide by its policies and procedures. I understand that I will be volunteering at my own risk, and that the organization, its employees, and affiliate cannot assume any responsibility for liability for any accident, injury, or health problem that may arise as a result of any volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Volunteer Signature

Date