

Please fill out a short Information sheet for our records. This is to help us learn more about you. This will also act as an Emergency Contact Sheet should you require medical attention while volunteering. Please note, you are not required to fill out any information you do not feel comfortable giving. Also, please sign the bottom of this page. By signing you are approving that you have read and received the expectation packet and that all information listed below is correct.

Name: _____

D.O.B: _____

Phone Number: _____ **Email:** _____

Place of Employment (if applicable): _____

Allergies: _____

Medical Condition: (example: high blood pressure, diabetes, etc)

- _____
- _____
- _____
- _____

Current Medications (If applicable):

- _____
- _____
- _____
- _____

Emergency Contact #1

Emergency Contact #2

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone Number: _____

Phone Number: _____

Signature

Date



AUTHORIZATION

Casa Mañana, Inc. and/or any company obtaining consumer reports at its request (collectively “Casa”) may obtain a consumer report regarding information about all potential or actual volunteers or interns. This consumer report may include, but is not limited to, criminal background investigation, driver records, motor vehicle reports, employment history, drug and alcohol information, credit reports and other information. By signing below, I authorize Casa to obtain consumer reports about me.

Signature _____ Date _____

Printed Name: _____