

2021-2022

Pacific Grove Unified School District  
VOLUNTEER EMERGENCY INFORMATION

**CONFIDENTIAL ~ DISTRICT USE ~ FOR EMERGENCY & VOLUNTEER ROSTER ONLY**

Name:		Spouse's Name:	
(Last Name)	(First Name)	(Last Name)	(First Name)
Address:			
(Number and Street)		(City and Zip Code)	
Volunteer Site:			
Home Phone #:			
Cell Phone #:			
E-mail:			
<b>In Case of Emergency, Notify: (Please List Two)</b>			
1. Name:		Relationship:	
Home Address:		Phone #:	
Work Address:		Cell Phone #:	
		Wk. Phone #:	
2. Name:		Relationship:	
Home Address:		Phone #:	
Work Address:		Cell Phone #:	
		Wk. Phone #:	
<b>SPECIAL NEEDS DURING A SCHOOL-WIDE EMERGENCY:</b>			
The following information will be used to establish a priority list for release of staff in an emergency situation:			
I have allergies to:			
Age(s) of your child(ren):			
Child care arrangements for your child(ren): _____			
Other obligations/responsibilities which you alone handle in an emergency: _____			
Signature:			Date: