

REACHGLOBAL Crisis Response Volunteer Supplemental Information

The Volunteer Supplemental Information form is use to gather information about you prior to your serving in the aftermath of crisis. This information must be completed and handed to a ReachGlobal Crisis Response staff-member or partner church representative before you head to a worksite.

Volunteer Information & Insurance

Name:
Street Address:
City: State: Zip:
Email Address:
Cell: Home Phone (enter N/A if you do not have a landline):
Gender: Do you have a Commercial Driver's License (circle response)? Yes / No
T-Shirt Size (select one): S M L XL 2XL 3XL
Are you between 18 and 70 years old? If *under* 18, list age:
Have you volunteered previously with ReachGlobal Crisis Response (circle response)? Yes / No
ReachGlobal Crisis Response **requires** all volunteer to have personal medical insurance before volunteering. Please provide the following:
Name of Your Medical Insurance Company (example, Blue Cross/Blue Shield):
Policy or Account Number:

If you do not currently have medical insurance, you can purchase temporary medical insurance. You can use any provider. Prior volunteers have used Gallagher Insurance Services, 803.758.1400, www.aaintl.com, but the choice is your.

Emergency Contacts

Please provide two (2) emergency contacts who will not be working alongside of you as you volunteer with ReachGlobal Crisis Response. You must provide the cell and/or landline for both emergency contacts, as well as their home address.

Primary Emergency Contact Name:
Street Address:
City: State: Zip:
Cell: Landline:

Secondary Emergency Contact Name:
Street Address:
City: State: Zip:
Cell: Landline:

Church/Org

Name of Church or Organization You Attend:
Their Mailing Address:
Pastor/Organization Leader's Name:
Pastor/Organization Leader's Phone Number:

Sign

I attest to the truthfulness, accuracy and validity of the information I provided on this form.

Signature of volunteer (if a minor the parent or guardian must sign): _____

Print name of volunteer: _____ Date: _____