



## Imperial Valley Desert Museum Volunteer Information Form

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Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Medical**

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Conditions IVDM should know about \_\_\_\_\_

### **Emergency Contact #1**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

### **Emergency Contact #2**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

*I have read and understood the IVDM's Volunteer Handbook, Ethics Policy, and Emergency Plan and will abide by the content therein.*

Signature/Date \_\_\_\_\_