

**AFRICANCHILDREN'SCHOIR**  
**Music for Life Institute**

# Staff/Volunteer Emergency Info

## 1. Personal Info

Name	Date of Birth
Home Address City, State/PC	
( )	( )
Home Phone Number Cell / Mobile	

## 2. Medical Info

Medical (Insurance) Provider	Contact Info	Policy Number
Allergies:		
Medical Conditions:		

## 3. Passport Info

Passport No	Date of Expiry	Nationality
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## 4. Emergency Contacts

Should anything happen while working with the African Children's Choir / Music for Life Institute, the following people will be contacted in the order provided.

### Emergency Contact #1

Name Relationship	
Phone Number Alternate Phone Number/Contact Info	

### Emergency Contact #2

Name Relationship	
Phone Number Alternate Phone Number/Contact Info	

### Emergency Contact #3

Name Relationship	
Phone Number Alternate Phone Number/Contact Info	

Please hand in original and keep copy.