



WEST FRIENDSHIP VOLUNTEER FIRE DEPARTMENT

Post Office Box 439
West Friendship, Maryland 21794-0439

EMERGENCY CONTACT FORM

Date Completed (MM/DD/YYYY) _____ EID # _____

Name _____
(First) (Middle Initial) (Last)

Address _____
(Number) (Street Name) (Apt./Unit #)

(City) (State) (Zip Code)

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Medical Conditions (Optional) _____

Allergies _____

Religious Preference (Optional) _____

Organ Donor (Check one) YES NO Blood Type _____

Emergency Contact Person _____
(First) (Last)

Relationship _____

Address _____
(Number) (Street Name) (Apt./Unit #) (City) (State) (Zip Code)

Home Phone _____ Cell Phone _____ Work Phone _____

Alternate Contact Person _____
(First) (Last)

Relationship _____

Address _____
(Number) (Street Name) (Apt./Unit #)

Home Phone _____ Cell Phone _____ Work Phone _____