

SOUTHERN UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS

**EMERGENCY CONTACT INFORMATION FORM**

**Employee Information:**

Name \_\_\_\_\_

Department \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Emergency Contact Information:**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

I have voluntarily provided the above contact information and authorize Southern Union Conference of Seventh-day Adventists and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_