

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 _____