

McLEAN COMMUNITY CENTER
1234 Ingleside Avenue, McLean, VA 22101 - 703-790-0123 - Fax: 703-556-0547 - www.mcleancenter.org
2008 VOLUNTEER APPLICATION

EMERGENCY CONTACT INFORMATION

REQUIRED FOR ALL VOLUNTEERS OF THE MCLEAN COMMUNITY CENTER

If you already have this information on file with the MCC then you do not need to fill this out again.

Emergency Contacts:

1) Name: _____ Relationship: _____

Phone numbers: (Day) _____ (Eve) _____ (Cell) _____

2) Name: _____ Relationship: _____

Phone numbers: (Day) _____ (Eve) _____ (Cell) _____

Medical and Insurance info:

Allergies _____ Symptoms of allergic reaction: _____

Treatment: _____ Blood type: _____

Known medical conditions: _____

Medications taken regularly: _____

Disabilities: _____

Primary Physician: _____ Phone: _____

Primary Medical Insurance: _____ Phone: _____

Group number: _____ Policy number: _____

Policy holder's Name: _____ Relationship to Policy Holder: _____

In case of emergency: the staff of the McLean Community Center including its volunteers, have my permission to contact at my expense: 1) my physician; 2) nearest available physician if my physician is not able to respond; 3) Utilize the nearest volunteer rescue squad or ambulance to provide treatment and or transport me to the nearest medical facility for treatment. Fairfax County and the MCC prohibit harassment or discrimination of volunteers or employees, based on race, color, religion, sex, national origin, age, or disability. Your cooperation regarding this policy is required. I will uphold the professional standards of the McLean Community Center and acknowledge that the MCC staff and program participants are dependent upon my being present for the program(s) and scheduled time(s) for which I agree to serve. In the event it is necessary, I give my permission to the medical facility to which I am transported, in order to save life and or limb to proceed with medical treatment.

The above named is under the age of 21 (please check) As parent or guardian of the minor above, I agree to the terms set forth above:

Name (please print): _____

Signature: _____ (Date): _____

I certify that I am over the age of 21 and agree to the terms set forth above (please check)

Name (please print): _____

Signature: _____ (Date): _____

All information collected will be kept private and confidential. The McLean Community Center does not rent out or sell this information. Email sent will pertain only to the MCC and its events. You may at any time ask to be removed from our email or mailing list.