



The SAM Center

Serving Area Military, Veterans, and their Widows

413 Lincoln Way East, Massillon, Ohio 44646

8101 Manchester Ave., NW, Canal Fulton, Ohio 44614

Phone: 330.956.6162 Ext. 2

support@servingareamilitary.com ~ www.servingareamilitary.org

Volunteer Information and Emergency Contact Form

The purpose of this form is to give SAM Center employees, board members, and/or volunteers information about who to contact and what information to give in the event you have a medical emergency while volunteering at the SAM Center. Completion of this form or any question or questions within the form is completely optional. We collect this information simply to give your family and/or medical professionals information on you in the event of an emergency and in the event you cannot answer questions.

YOUR INFORMATION:

Name _____ Date _____

Street Address _____ City _____ Zip Code _____

Preferred Phone (____) _____ Cell _____ Home _____ Work _____

Email: _____

Month and Day of Birth (Optional): _____

Underlying conditions we should know about:

Allergies:

EMERGENCY CONTACT INFORMATION:

Emergency Contact #1:

Name: _____ Relationship to you: _____

Phone #1: _____ OK to leave a message about you? Yes _____ No _____

Phone #2: _____ OK to leave a message about you? Yes _____ No _____

Emergency Contact #2:

Name: _____ Relationship to you: _____

Phone #1: _____ OK to leave a message about you? Yes _____ No _____

Phone #2: _____ OK to leave a message about you? Yes _____ No _____

In an emergency, what information do the medical professionals treating you need to know? (We will do our best to provide them with a copy of this form in the event you are unable to give them this information. It will remain confidential from other volunteers and employees.)

In the event you are taken to a hospital by an ambulance and you cannot answer the question yourself, if asked if you have a preference as to which hospital you prefer, what would you like us to tell them? (Availability of medical services, distance to the nearest or most capable Emergency Room, medical professional decision based on facts of the emergency, and a host of other variables ultimately determines which hospital you will be taken to in a medical emergency.)

Always the Nearest Hospital _____ **No Preference** _____

Aultman _____ Cleveland Clinic Canton Mercy Medical Center _____

Cleveland Clinic Akron General _____ Summa Health Systems _____

CPR Yes____ No____ **Living Will** Yes____ No____

Volunteer Hold Harmless

As a Volunteer, I agree to hold harmless SAM Center - Serving Area Military and Veterans, individuals, employees, and other volunteers involved with SAM Center. This would include accidents, slips, falls, or changes in mental status and related injuries.

Printed Name of Volunteer

Signature of Volunteer

Date