

2024-2025

Pacific Grove Unified School District
VOLUNTEER EMERGENCY INFORMATION

CONFIDENTIAL ~ DISTRICT USE ~ FOR EMERGENCY & VOLUNTEER ROSTER ONLY

Name:		Spouse's Name:	
(Last Name)	(First Name)	(Last Name)	(First Name)
Address:			
(Number and Street)		(City and Zip Code)	
Volunteer Site(s)/Reason:			
Home Phone #:			
Cell Phone #:			
E-mail:			
In Case of Emergency, Notify: (Please List Two)			
1. Name:		Relationship:	
Home Address:		Phone #:	
Work Address:		Cell Phone #:	
		Wk. Phone #:	
2. Name:		Relationship:	
Home Address:		Phone #:	
Work Address:		Cell Phone #:	
		Wk. Phone #:	
Anticipated District Departure Date:			
Relationship to student(s):			
SPECIAL NEEDS DURING A SCHOOL-WIDE EMERGENCY:			
The following information will be used to establish a priority list for release in an emergency situation:			
I have allergies to:			
Names/Ages of child(ren):			
Child care arrangements for your child(ren):			
Other obligations/responsibilities which you alone handle in an emergency: _____			
Signature:			Date: