

EMERGENCY CONTACT FORM

VILLAGE COMMUNITY SERVICES

3210 Smokey Point Drive, Suite 200
Arlington, WA 98223

TO BE FILLED OUT BY EMPLOYEE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ CELL PH _____

EMERGENCY INFORMATION

NAME OF PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ CELL PH _____

WORK PH _____ MSG PH _____

EMPLOYEE SIGNATURE

DATE

When there are changes in this information, please complete a new employee information form and return to the Main Office.