



IN CASE OF EMERGENCY FORM

TODAY'S DATE _____

EMPLOYEE'S NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

*PERSONAL EMAIL ADDRESS: _____

IN CASE OF EMERGENCY, YOU MAY CONTACT:

NAME _____

RELATIONSHIP TO YOU _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

PLEASE PROVIDE CONTACT INFORMATION OF SOMEONE OUTSIDE OF NEW YORK STATE IN CASE OF A NEW YORK CITY/STATE EMERGENCY:

NAME _____

RELATIONSHIP TO YOU _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

**Your personal email will only be used in cases of emergency or if the Mission Society's email system is unavailable due technical difficulties or power outage. Your email address will not be shared with outside entities.*