

## Lucky's Legacy – A Second Chance for Horses Volunteer Emergency Contact Information

In the event that you are injured or become ill while volunteering, please provide information for the person you will want us to contact.

**Volunteer Name** \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_