

**SEIU Local 121RN
VOLUNTEER INFORMATION FORM**



1. Complete all information below. Every field is required.

Full Legal Name	
Local Union and State	
Employer	
Preferred dates to volunteer	
Length of time to volunteer	
CONFIRMED Can be released by employer if chosen to deploy?	
Do you speak any other language than English?	
Vaccinations in order?	
Do you have disaster relief experience? If yes, what country?	
Job (such as RN)	
License Number and state	
Area of expertise (such as ER, OR, Critical Care, Ortho, Tele, post surgical, wound management,? etc)	
Date of Birth	
Passport Country	
Passport Number	
Passport Expiration Date	
Home Phone Number	
Cellular Phone Number	
Email Address	
Home Address	

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Emergency Contact Name (at least one is required)	
Emergency Contact Relationship	
Emergency Contact Phone 1	
Emergency Contact Phone 2	
Emergency Contact Email	

Emergency Contact Name (secondary)	
Emergency Contact Relationship	
Emergency Contact Phone 1	
Emergency Contact Phone 2	
Emergency Contact Email	

Additional comments:/ or experiences in nursing, with disaster relief, mission trips, military experience, or any other life experiences. Such as are you a handyman or woman, scout leader, all kinds of life skills may be appropriate so please elaborate	
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2. Send completed information forms in with the Liability Release Form and Color Copy of Passport

<input type="checkbox"/> Volunteer Information <input type="checkbox"/> Liability Release Form <input type="checkbox"/> Color Copy of Passport	Give completed forms and color copy of your passport to your Local Representative or send via email to slanec@seiu121rn.org
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