



Volunteer Emergency Contact Form

In case you become ill or require medical attention while you are at an activity or event with Dementia NI, please provide details for at least one Emergency Contact. All information provided will be held in the strictest confidence and will only be used in case of emergency.

Name of Volunteer: _____

Emergency Contact 1

Title	First name	Surname
Address		
Daytime telephone no.		
Mobile no.		
Relationship to volunteer		

Emergency Contact 2

Title	First name	Surname
Address		
Daytime telephone no.		
Mobile no.		
Relationship to volunteer		

Please return this form to:
54 Elmwood Avenue
Belfast, BT9 6AZ

Dementia NI
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Belfast
BT9 6AZ