VOLUNTEER / INTERN



Emergency Medical Consent

Name of volunteer

This form is filed in your volunteer or intern personnel record. The National Archives will contact the persons you list in case of an emergency and arrange to transport you to the nearest medical facility.

EMERGENCY CONTACT INFORMATION		
Please list two individuals whom we can contact in case of a medical emergency.		
Name		
Street address		
City/State/Zip		
Home Phone	Work	Cell
Tione I noice		
N		
Name		
Street address		
City/State/Zip		
Home Phone	Work	Cell
EMERGENCY TREATMENT		
In emergencies requiring imme	ediate medical atte	ntion, you will be taken to the nearest
hospital emergency room. Your signature authorizes the National Archives to have you		
transported to that hospital.		
VOLUNTEER / INTERN SIGNATURE		DATE
PAPERWORK REDUCTION ACT PUBLIC		
	•	that is subject to the Paperwork Reduction Act unless ing for this collection of information is estimated to be
		ate or any other aspect of the collection of information

including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, Maryland 20740.

PRIVACY ACT STATEMENT

this form will be used to determine if you will be accepted as a volunteer. This information may be disclosed to an expert, consultant, agent or contractor of NARA to the extent necessary for them to assist NARA in the performance of its duties or in accordance with any other "routine uses of records" listing in the Privacy Act System of Records NARA 26, "Volunteer Files." Completing this form is voluntary, but failure to provide all of the requested information will result in you not being accepted as a volunteer.

