

# 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 \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### EMERGENCY TREATMENT

In emergencies requiring immediate medical attention, 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 BURDEN STATEMENT

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Public burden reporting for this collection of information is estimated to be 25 minutes per response. Send comments regarding the burden estimate 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

Collection of this information is authorized by 44 U.S.C. 2104 and 44 U.S.C. 2105(d). The information you provide to NARA on 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.



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