

# Greater Boston Legal Services

## Emergency Contact Form

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Home email:** \_\_\_\_\_

**Unit:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Please tell us whom we should contact in the case of an emergency.**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Alternative contact should we be unable to reach the above person**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

**This information is strictly confidential and will be used only in an emergency situation.**