

1U Contact Emergency/Storm

Date This Form Completed Month _____ Year _____

Your Name _____

Street _____ City _____

Zip Code _____ Phone _____

First Emergency Contact (If 1U can't reach you at above phone or address)

Emergency Contact Name _____

Relationship to You— Spouse/Other Relative/ Friend/Other _____

Emergency Contact Address

Street _____ City _____

Zip Code _____ Phone _____

Second Emergency Contact (If 1U can't reach you at above phone number or address)

Emergency Contact Name _____

Relationship to You – Spouse/Other Relative/ Friend/Other _____

Emergency Contact Address

Street _____ City _____

Zip Code _____ Phone _____

Before a major storm/hurricane I would like to be contacted. Circle: Yes No

During storm/hurricane season I might need help with _____

(This could include identifying shelters, transportation, securing the home, etc.)

Please give this completed form to the Caring Circle Coordinator and a Copy to the Church Office Administrator.