



# AIM Library & Information Staffing

## VOLUNTARY EMERGENCY INFORMATION

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

This form is provided in case of an emergency such as injury or sudden illness while on an assignment for AIM. If an injury or illness occurred, AIM would be able to contact relatives or friends you have designated below. This form is voluntary and while we hope it will never be needed, it would be very helpful if necessary. This form will be kept in your file and held in strict confidentiality. Please call AIM toll free at **877-965-7900** to update this information if necessary.

### Primary Contact:

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

Telephone: \_\_\_\_\_ and/or Cell Phone: \_\_\_\_\_

### Alternate Contact:

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

Telephone: \_\_\_\_\_ and/or Cell Phone: \_\_\_\_\_