



CHICKALOON VILLAGE TRADITIONAL COUNCIL  
(Nay'dini'aa Na')  
VOLUNTEER PERSONAL DATA FORM

**PLEASE PRINT OR TYPE**

Name (Last)	(First)	(Middle)	Social Security Number
Residence Address (No. and Street)	City	State	Zip
Mailing Address (No. and Street)	City	State	Zip
E-Mail Address	Phone	Message Phone	

**EMERGENCY CONTACT INFORMATION**

<b>FIRST CALL:</b>	<b>NAME:</b>		
<b>PHONE NUMBER:</b>	<b>RELATION TO YOU:</b>		
<b>ADDRESS: (No. &amp; Street)</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

<b>NAME:</b>	<b>RELATION TO YOU:</b>		
<b>PHONE NUMBER:</b>	<b>RELATION TO YOU:</b>		
<b>ADDRESS: (No. &amp; Street)</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

**PROVIDER INFORMATION**

<b>**PREFERRED HOSPITAL:</b>			
<b>PHONE NUMBER:</b>	<b>EXTENSION</b>		
<b>ADDRESS: (No. &amp; Street)</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>

**INSURANCE INFORMATION**

<b>NAME OF INSURED:</b>	
<b>POLICY:</b>	<b>POLICY #</b>

\*\* WE WILL MAKE EVERY EFFORT TO COMPLY WITH YOUR WISHES DEPENDENT ON THE URGENCY OF THE SITUATION.

**We do appreciate your volunteer efforts!**

Chickaloon Village does not carry insurance coverage for personal injury or workers compensation for volunteer workers. Volunteers are not allowed to operate Chickaloon Village vehicles or equipment. Your signature below acknowledges that you have been advised of working at your own risk.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE