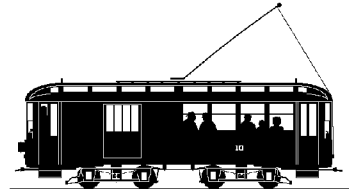


SHELBURNE FALLS TROLLEY MUSEUM

14 Depot Street
P.O. Box 272
Shelburne Falls, MA 01370



Volunteer Emergency Information Form

The museum will use this information to assist you if you should become ill or injured while you are at the museum. To be useful, this information must be available to others. We will not publish or distribute this information, but we cannot keep it confidential. Please provided as much information as you feel is useful, but realize that it is not confidential.

Name _____

Street Address _____

Mailing (if different) _____

Town _____ State _____ Zip _____

Phone _____

In case of emergency please contact:

Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

or:

Name _____ Home Phone _____

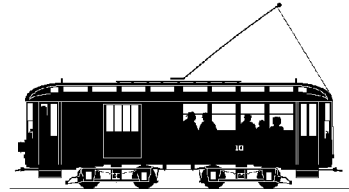
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Your Doctor is _____

Please list any medical conditions that you would want anyone who is helping you to know about:

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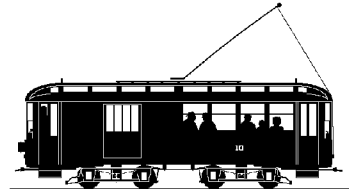
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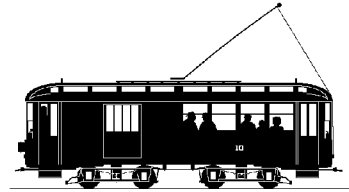
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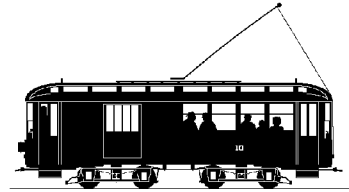
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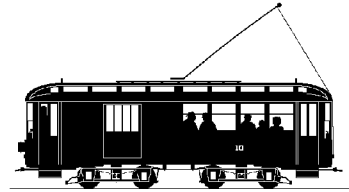
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