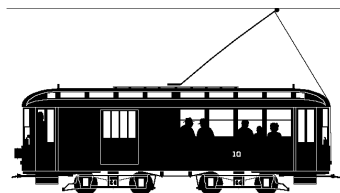


# SHELBURNE FALLS TROLLEY MUSEUM

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 \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Your Doctor is \_\_\_\_\_

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

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