

**U.S. PROVINCE
SCHOOL SISTERS of ST. FRANCIS
Milwaukee, Wisconsin**

EMERGENCY INFORMATION FOR TAU VOLUNTEERS

Name: _____

Address: _____

Telephone: _____ Cell _____

Birth Date: _____ Volunteer Start Date: _____

Other comments: (e.g. Medical Information) _____

Allergies (Medications or food)

Emergency Contacts:

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Volunteer

Contact Sister

Date

**Please complete and return a copy to Sister Nan Pfefferle,
Coordinator of Tau Volunteers, 1515 South Layton Boulevard,
Milwaukee, WI 53215**