



Olancho Aid Foundation, Inc.
PO BOX 15
Rockland, MA 02370

www.olanchoaid.org

Phone (504) 2785-3708 Fax (504) 2785-3705

Emergency Contact Information

This form requires important information relating to contact details in case of security or medical emergencies that occur while in Honduras. If any of this information changes, prior to and/or during your term of service, please be sure to inform the Volunteer Coordinator and Program Director of the Olancho Aid Foundation (OAF). The OAF office must receive this form prior to your departure for Honduras.

Volunteer name: _____ USA Passport #: _____

Date of birth (MM/DD/YY): _____

EMERGENCY CONTACT

OAF needs up-to-date details of a contact person that has agreed to be informed in case of any emergency. This is normally (but not necessarily) a next of kin. Please be sure that you have asked him or her if they are willing and able to act as an emergency contact and make decisions on your behalf.

Name of contact person: _____ Relationship: _____

Home tel: (_____) _____ Work tel: (_____) _____

Email: _____

Address: _____ City: _____ State: ___ Zip: _____

Alternate contact person (in case the first person cannot be reached):

Name of contact person: _____ Relationship: _____

Home tel: (_____) _____ Work tel: (_____) _____

Email: _____

Address: _____ City: _____ State: ___ Zip: _____

Have you arranged for Power of Attorney? YES/NO

Do you have a will? YES/NO

If you have children, have you designated a legal guardian in your will? YES/NO/NO CHILDREN

Ensure that your emergency contacts know whom you have named as your power of attorney and executor of your will.



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HEALTH HISTORY

List all health conditions/physical limitations:

List all medications taken:

List all allergies, including allergies to medication:

Describe any special dietary needs:

List and explain any history of surgeries and hospital stays:

Do you have specific concerns regarding your health conditions/history and living and working with the Olancho Aid Foundation? Please explain: