

Student Senate for California Community Colleges Emergency Contact Form

Date completed:

Returning Board Member, list periods of service: (i.e. July 13-December 13)

Personal Information

The information in this section must match with legal identification for travel bookings: First

Name:

Last Name:

Home Address:

City & ZIP:

Gender:

Date of Birth:

College attending:

Methods of Contact

Cell Phone:

Do you accept text messages:

Alternate/home phone:

Primary email account:

The email you check daily.

Emergency Information

Emergency contact name:

Relationship:

Address: City & ZIP:

Phone number:

Advisor/Administrator Information

College Name:

Advisor/Administrator: Title :

Phone number:

Email Address:

Space to share food allergies, other pertinent information, etc.