

# Employee Info and Emergency Contact Form

(Formerly Employment Agreement Exhibit B)

Full Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Mobile Phone: \_\_\_\_\_

Counselor's Email: \_\_\_\_\_

Counselor's Country of Citizenship: \_\_\_\_\_

Counselor's Social Security Number: \_\_\_\_\_

(only for US Staff Members)

Counselor's Date of Birth: \_\_\_\_\_

(Month/Day/Year)

Staff Shirt Size  
(please check one)

Men's    Ladies'

Small  
Medium  
Large  
XLarge  
XXLarge

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## In Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Mobile Phone: \_\_\_\_\_