



## STAFF PERSONAL AND MEDICAL INFORMATION

Name		Emergency Contact	
Address		Daytime Phone	
Daytime Phone		Evening Phone	
Evening Phone		Mobile Phone	
Mobile Phone		Other Contact info	
Fax			
Physician Name			
Physician Phone			

Do you have health insurance? Yes  No

Insurance Company

Policy Number

Phone

Medication	How much/how often	For	Current Side Effects

**Staff Contributions**

Vets Journey Home works hard at raising funds to support all staff housing and meal costs. We need to supply a head count to the site, therefore we ask that you complete this form and return it for our records. We are grateful for the volunteers that step up to staff on the weekend to support the healing of our veterans and active duty personnel. We make every effort to keep the costs down.

Some volunteers have chosen to make a donation to help pay for our participant veteran costs. If you would like to do this please include your **tax deductible donation** with this staff form. Thanks

Please complete and return as stated below.  
 \_\_\_\_\_ My staff forms includes a **tax deductible donation** \_\_\_\_\_

Please complete and return the Staff Personal and Medical Information form by US Mail  
 Doug Szper, N1811 Knorr Rd, Random Lake, WI 53075  
 Email: [finance@vetsjourneyhome.org](mailto:finance@vetsjourneyhome.org) or fax to 414-228-9286  
[www.vetsjourneyhome.org](http://www.vetsjourneyhome.org)

ADDITIONAL INFORMATION:

\_\_\_\_\_ Do you require a special diet  Yes  No  
If yes, what are your dietary needs? (Please plan to bring your own specialty foods.)

\_\_\_\_\_ Do you have physical conditions/limitations/allergies VJH needs to be aware of?  Yes  No  
If yes, please describe them.

\_\_\_\_\_ Have you had any kind of surgery in the last 12 months? If so please list.

\_\_\_\_\_ Do you use a wheelchair, walker, or cane? Please circle one

\_\_\_\_\_ I have a relative, close friend or a significant other staffing or as a participant this weekend?  
 Yes  No If yes, what is name \_\_\_\_\_

\_\_\_\_\_ Are you:  Veteran  Civilian

\_\_\_\_\_ Do you need VJH shirt?  Veteran  Civilian Size \_\_\_\_\_

\_\_\_\_\_ I agree to arrive prior to the staff meeting at **7pm on Thursday**, arrive on time for all sessions and to be present for all sessions. I realize that this is very important to the preparation for and flow of the weekend.

If you are a **first time** staff member please state your T-Shirt size below (and don't have a VJH T-shirt)

**S** \_\_\_ **M** \_\_\_ **L** \_\_\_ **XL** \_\_\_ **XXL** \_\_\_ **XXXL** \_\_\_

***Thank you for your accountability and honoring your commitment!***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please print, complete and scan to return by email; [Finance@VetsJourneyHome.org](mailto:Finance@VetsJourneyHome.org) or  
Snail Mail: VJH C/O Doug Szper N1811 Knorr Rd., Random Lake, WI 53075  
**THANK YOU!**

Vets Journey Home - USA 8989 N. Port Washington Rd, Suite 227, Milwaukee, WI. 53217  
414-979-9113 (Voice mail only)  
[www.vetsjourneyhome.org](http://www.vetsjourneyhome.org)