

**Johnston Community College  
EMERGENCY CONTACT FORM**

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Date of New Hire: \_\_\_\_\_ Date of Change/Update: \_\_\_\_\_

Division: \_\_\_\_\_ Department/Program: \_\_\_\_\_

Physical Campus Location: \_\_\_\_\_ Campus Phone Number: \_\_\_\_\_  
*(Building) (Room #)*

Employee's Name: \_\_\_\_\_  
*(Last) (First) (Middle)*

Physical Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Mailing Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

Home Telephone \_\_\_\_\_ Cell # \_\_\_\_\_  
*(Area Code) (Number) (Area Code) (Number)*

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**IN CASE OF EMERGENCY NOTIFY: FIRST CHOICE**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(Last) (First) (Middle)*

Home Address: \_\_\_\_\_  
*(Number) (Street or Route) (City) (State) (Zip Code)*

Business Address: \_\_\_\_\_  
*(Name of Company or Business)*

\_\_\_\_\_ *(Number) (Street or Route) (City) (State) (Zip Code)*

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell# \_\_\_\_\_  
*(Area Code) (Number) (Area Code) (Number) (Area Code) (Number)*

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**IN CASE OF EMERGENCY NOTIFY: SECOND CHOICE (IF UNABLE TO CONTACT FIRST CHOICE)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(Last) (First) (Middle)*

Home Address: \_\_\_\_\_  
*(Number) (Street or Route) (City) (State) (Zip Code)*

Business Address: \_\_\_\_\_  
*(Name of Company or Business)*

\_\_\_\_\_ *(Number) (Street or Route) (City) (State) (Zip Code)*

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell# \_\_\_\_\_  
*(Area Code) (Number) (Area Code) (Number) (Area Code) (Number)*

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**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*It is the responsibility of the employee to keep this information current.  
This information will be retained in the Human Resources office.*