

Connect2Complete: Member Information Packet

**Also available to be completed online*

Full name: _____

Preferred name: _____

Preferred gender pronouns (she/her, he/him, they/them, etc): _____

Where will you be serving? _____

CONTACT INFORMATION

Mailing Address: _____

City/Town: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Permanent Address: _____

City/Town: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

**Complete if different than above*

Email address (non-work or school): _____

Phone number: _____

Can Campus Compact text you about work-related things at the number above? Yes No

Can we share your phone number and email address with other C2C Members? Yes No

ABOUT YOU

T-shirt Size: _____ Sweatshirt Size: _____

Food Accommodations: _____

Allergies: _____

If you have a car, are you willing to travel to drive/carpool to Campus Compact trainings? (Mileage will be reimbursed but only if you help drive other folks)

Yes No

EMERGENCY CONTACTS

Contact #1: _____

Relationship: _____

Phone number: _____

Contact #2: _____

Relationship: _____

Phone number: _____

HEALTH INSURANCE

Member ID: _____ Group Number: _____

Phone number: _____

Preferred emergency medical care site: _____

Emergency Child Care Provider (if applicable): _____

Address: _____

Phone number: _____