



**EVELYN RUBENSTEIN JEWISH COMMUNITY CENTER  
EMERGENCY CONTACTS AND CIMA INSURANCE BENEFICIARIES  
2023**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
**PHONE: (LAND LINE)** \_\_\_\_\_ **(CELL)** \_\_\_\_\_

**EMERGENCY CONTACTS/CONTACTOS DE EMERGENCIA:**

**1. NAME:** \_\_\_\_\_  
**PHONE: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(W)** \_\_\_\_\_  
**RELATIONSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**2. NAME:** \_\_\_\_\_  
**PHONE: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(W)** \_\_\_\_\_  
**RELATIONSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**CIMA INSURANCE BENEFICIARY/BENEFICARIO DEL SEGURO CIMA**

*Check if same as above*

**1. NAME:** \_\_\_\_\_  
**PHONE: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(W)** \_\_\_\_\_  
**RELATIONSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**2. NAME:** \_\_\_\_\_  
**PHONE: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(W)** \_\_\_\_\_  
**RELATIONSHIP:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF VOLUNTEER**

\_\_\_\_\_  
**DATE**