

Emergency Contact Form

Student Intern

Name: _____

Location in Placement: _____

Primary Work Phone: _____ - _____ - _____ ext _____

Intern Parent or Legal Guardian

Name: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____ ext _____

Placement Supervisor

Name: _____

Location in Placement: _____

Primary Work Phone: _____ - _____ - _____ ext _____

Alternative Contact Person at Placement

Name: _____

Location in Placement: _____

Primary Work Phone: _____ - _____ - _____ ext _____

Field Coordinator Contact Information

Name: Peter McCarthy Office Location: TLC 227
Primary Work Phone: 518-580-5427 cell phone: 518-669-7440

Program Director

Name: Crystal Moore Office Location: TLC 228
Primary Work Phone: 518-580-5428
Cell Phone: 518-727-3401
Skidmore Campus Security Number: 518-580-5566

Secretary, Department of Sociology, Anthropology, and Social Work

Name: Cindy Martin-Diver
Primary Work Phone: 518-580-5411