**OPENING ARMS OUTREACH SOCIAL SERVICES, INC.  
Personnel Update Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please fill out the entire Please put a check(s) in the first column indicating the information you are updating** | | | | |
|  | **Name:** | | | |
|  | **Street, Address, City, State & Zip** | | | |
|  | **Home Phone:**  **Cell Phone:**  **Email:** | | | |
| **Availability:**  **Sunday:  Monday:  Tuesday:**  **Wednesday Thursday: Friday:**  **Saturday:** | | | |
|  | **Marital Status: \_\_\_\_\_\_** Single \_\_\_\_\_\_ Married \_\_\_\_\_\_ Divorced \_\_\_\_\_\_\_\_ Widowed | | | |
|  | **Emergency Contacts:** Please list two (2) emergency contacts below. Please consider where this person can be reached during YOUR working hours | | | |
|  | 1. **Name** | **Relationship:** | **Phone #1** | **Phone #2** |
|  | 1. **Name** | **Relationship:** | **Phone #1** | **Phone #2** |
| **\*\*Please submit completed & signed form to the Office of Human Resources. Thank you\*\*** | | | | |
| **Employee Signature/Date:** | | | | |
| **HR Initial:** | | | | |
| **Effective Date of Change:** | | | | |