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

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| **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:** **WednesdayThursday: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:**  |