

<u>EMERGENCY CONTACTS</u>	
Do you have a neighbor or friend nearby That you have designated as a contact:	Please circle one: YES NO
Name:	
Address:	
Phone:	
Cell:	
Do any of your Contacts have a key to your home: Please circle one: YES NO	If Yes, Name: _____ Phone: _____
<u>Contact # 1:</u>	Phone: Home:
Name:	Work:
Address:	Cell#
Relationship:	
<u>Contact # 2:</u>	Phone: Home:
Name:	Work#:
Address:	Cell#
Relationship:	

In requesting to become a participant, I understand that this information including any medical information that I wish to disclose, may be shared with the Hanna Marshals Office, Carbon County Ambulance (S.W.E.M.S.), Carbon County Sheriff's Office and Carbon County Fire Department.

This program is voluntary and I am consenting to allow the Agencies listed above to have this information indicated on the Participant Application. I understand that I may cancel this program at any time. There is no cost for this program.

SIGNATURE: _____

DATE: _____