

**Parker Information**

Parker Name \_\_\_\_\_

Parking Type:

|                                     |                                       |                                  |                                    |
|-------------------------------------|---------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Nurse Travel | <input type="checkbox"/> Student | <input type="checkbox"/> Vendor    |
| <input type="checkbox"/> Employee   | <input type="checkbox"/> Physicians   | <input type="checkbox"/> Tenant  | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Intern     | <input type="checkbox"/> Resident     | <input type="checkbox"/> Vendor  | <input type="checkbox"/> Other     |

Other: \_\_\_\_\_

Employee #: \_\_\_\_\_ Hospital Email: \_\_\_\_\_ Phone Ext # \_\_\_\_\_

Badge #: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**Parking Space**

**Current Parking Assignment**

|                                |                                      |  |   |                                    |                                      |
|--------------------------------|--------------------------------------|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> A Lot | <input type="checkbox"/> G Lot       | <input type="checkbox"/> 95 Woodland Upper       | <input type="checkbox"/> 103 Woodland   | <input type="checkbox"/> MSC Lot A | <input type="checkbox"/> MSC Lot H   |
| <input type="checkbox"/> B Lot | <input type="checkbox"/> H Lot       | <input type="checkbox"/> Woodland Center         | <input type="checkbox"/> Collins Garage | <input type="checkbox"/> MSC Lot B | <input type="checkbox"/> 1075 Asylum |
| <input type="checkbox"/> C Lot | <input type="checkbox"/> I Lot       | <input type="checkbox"/> 95 Woodland Lower       | <input type="checkbox"/> Dialysis Lot   | <input type="checkbox"/> MSC Lot C | <input type="checkbox"/> 260 Ashley  |
| <input type="checkbox"/> D Lot | <input type="checkbox"/> J Lot       | <input type="checkbox"/> Daycare (Woodland Park) | <input type="checkbox"/> Church Lot     | <input type="checkbox"/> MSC Lot E | <input type="checkbox"/> Rehab lot   |
| <input type="checkbox"/> E Lot | <input type="checkbox"/> 945 Asylum  | <input type="checkbox"/> Woodland Garage         | <input type="checkbox"/> MRI Lot        | <input type="checkbox"/> MSC Lot F | <input type="checkbox"/> None        |
| <input type="checkbox"/> F Lot | <input type="checkbox"/> 1075 Asylum | <input type="checkbox"/> 1000 Asylum Ave         | <input type="checkbox"/> Burgdorf       | <input type="checkbox"/> MSC Lot G | <input type="checkbox"/>             |

Handicap Parking:

I require handicap parking and have a state-approved permit. Permit# \_\_\_\_\_

**Existing Mirror Tags**

If you have any existing mirror tags, please enter the number that appears on the tags here

Mirror Tag 1 \_\_\_\_\_ Mirror Tag 2 \_\_\_\_\_ Mirror Tag 3 \_\_\_\_\_

**Shift Information**

Select Campus:

|                                       |
|---------------------------------------|
| <input type="checkbox"/> All Campuses |
| <input type="checkbox"/> Mt. Sinai    |
| <input type="checkbox"/> St. Francis  |

Shift:

|   |
|---|
| <input type="checkbox"/> 1st            |
| <input type="checkbox"/> 2nd            |
| <input type="checkbox"/> 3rd            |
| <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Per Diem       |
| <input type="checkbox"/> Rotation       |
| <input type="checkbox"/> Weekends (WOW) |

Dept. #: \_\_\_\_\_

**Day of Week**

**Entry Time**

**Exit Time**

Monday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Tuesday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Wednesday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Thursday / /

Friday / /

**Vehicle Information**

Please register your primary vehicle as well as any others that you might use to drive to campus, such as a secondary vehicle or a spouse's vehicle.

Make: \_\_\_\_\_ Model: \_\_\_\_\_ State: \_\_\_\_\_ Plate #: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ State: \_\_\_\_\_ Plate #: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ State: \_\_\_\_\_ Plate #: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ State: \_\_\_\_\_ Plate #: \_\_\_\_\_ Color: \_\_\_\_\_

**Everbridge Notification System**

Due to recent changes in parking assignments, we must update the Everbridge Notification System. By including your contact information in Everbridge we are able to notify you in a timely manner of any problems that may arise. Please help us to help you by filling in the information below.

**Enroll me in the Everbridge Notification System**      Mobile#: \_\_\_\_\_

**Accept Terms & Conditions**

No valuables should be left in vehicles and vehicles should be adequately secured.

Saint Francis Hospital and Medical Center shall not be responsible, and shall accept no liability for loss or damage to vehicles, accessories, or contents thereof, for any cause whatsoever, while such vehicles are operated or parked in Saint Francis parking lots and garages.

All parking facilities are under electronic surveillance. Illegal parkers parking in an unauthorized space will lead to your vehicle being towed. Saint Francis shall not be responsible, and shall accept no liability for damage to vehicles that are towed for failure to abide by parking rules.

I agree to the terms and conditions

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please Fax to 860-714-6504