



Kentucky Division of Emergency Management (KYEM)
WORKERS' COMPENSATION ENROLLMENT FORM

New Member

Updated Enrollment

Name (Last) (First) (Middle)

Street/P.O. Box/Route#

(City)

(Zip Code)

(County)

Last four (4) of
Social Security #

DOB:

Phone Home:

Office:

Sex:

Height:

Weight:

Hair:

Eyes:

Emergency Services Organization:

Campbell County LandSAR

Date of Enrollment:

List any special training:

Are you presently a:

1. Volunteer Firefighter Yes No
2. Auxiliary Policeman Yes No
3. Water Rescue Member Yes No
4. Cave Rescue Member Yes No
5. Other: _____

Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Date Received in Area Office: _____

Maintain a copy of in the Area Office and upload the form into the SAR team data in WebEOC