



**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: _____

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