



**Kentucky Division of Emergency Management
WORKERS' COMPENSATION ENROLLMENT FORM**

New Member

Updated Enrollment

Name (Last) (First) (Middle)

Street/P.O. Box/Route#

(City) (Zip Code) (County)

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 Firefight | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Auxiliary Policeman | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Water Rescue Member | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Cave Rescue Member | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Other: | _____ | | | |

Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Date Received in Area Office: _____