



Employee & Emergency Preparedness Contact Information

EMPLOYEE INFORMATION			
Employee Name:		Employee ID No.:	
Unit/Dept:		Title:	
Street Address:			County:
Apartment No./Unit No.:		City:	State: Zip Code:
Mailing Address:		City:	State: Zip Code:
Home Phone No.:	Cell Phone No.:	Other Phone No.:	
Home Email Address:		State Issued Pager No.:	
EMERGENCY CONTACT			
Designate two individuals to be contacted in the event of an emergency occurring while you are on duty.			
Primary Contact:		Relationship:	
Street Address:			
City:		State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:	
Secondary Contact:		Relationship:	
Street Address:			
City:		State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:	

EMERGENCY PLANNING	
To effectively plan for a potential staffing crisis due to a disaster, pandemic, or other crisis, please provide the information below. Under certain circumstances resources may be provided to accommodate essential staff and immediate family members at the facility during a crisis.	
Household size:	
Number of adults: _____	Number of dependent children: _____
I may have difficulty because:	
<input type="checkbox"/> I have a dependant child/children. <ul style="list-style-type: none"> <input type="checkbox"/> There are no other adult family members to provide this care. <input type="checkbox"/> Both parents work for GVRA. <input type="checkbox"/> I will need help with establishing alternate care arrangements. 	
<input type="checkbox"/> I provide care for an immediate relative who cannot care for him or herself on a routine basis. <ul style="list-style-type: none"> <input type="checkbox"/> There are no other adult family members to provide this care. <input type="checkbox"/> This person would not otherwise qualify for a special needs shelter. <input type="checkbox"/> I will need help with establishing alternate care arrangements. 	
<input type="checkbox"/> I have pets that may require care.	
<input type="checkbox"/> I have no known issues at this time.	
_____ Employee Signature	_____ Date
_____ Manager/Supervisor Signature	_____ Date

Please contact Human Resources to update this information if any of the above changes.