



CAMBRIA COMMUNITY SERVICES DISTRICT EMPLOYEE EMERGENCY CONTACT FORM

Employee Name: _____ Date of Hire: _____

Position: _____

Cell Phone #: _____ Home Phone #: _____

Physical Address (street address, city, state, zip code): _____

Mailing Address (if different from physical address): _____

Personal Email Address: _____

Allergies (optional and will only be disclosed to first responders): _____

Emergency Contact Information

Please list, in order of priority, up to three people that can be contacted in case of an emergency. These people should be people that can be contacted during nights, weekends, holidays, early morning, etc.

First Emergency Contact

Name: _____

Relationship: _____

Physical Address (street address, city, state, zip code):

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

Second Emergency Contact

Name: _____

Relationship: _____

Physical Address (street address, city, state, zip code):

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

Third Emergency Contact

Name: _____

Relationship: _____

Physical Address (street address, city, state, zip code):

Cell Phone #: _____ Home Phone #: _____ Work Phone #: _____

I have provided the above contact information and authorized the Cambria Community Services District and its representatives to contact any of the above on my behalf in the event of an emergency.

Signature

Date

Date form was completed/updated: (To be verified or updated annually and/or with any change of information)