



**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 in the Area Office and upload the form into SAR team data in WebEOC**