



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 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 Regional Office: _____