



UNDERAGE OPERATIVE PERSONNEL INFORMATION

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Authorization for Disclosure of Information

I do/do not wish to have my home address and phone number given to the public upon request.

Emergency Contact Information

In case of an emergency notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_