Prevention Education Team Information Sheet

Name _____ **Travel Date**

Team Position -

Cell phone _____

Home Agency -

Work phone _____

Home Unit _____

Employment Status ❍ Regular employee ❍ AD or EFF

Over- time eligible ❍ yes ❍ no

Hourly Pay Rate _____

Mailing Address _____

City _____

State _____

Zip _____

E-mail _____

State of DL _____

Driver''s License # _____

Is your Redcard current? ❍ yes ❍ no **Other Redcard Qualifications** _____

current? * no Qualifications

Home phone _____

Alt. E-mail _____

Emergency contact - name _____

Emergency phone # _____

Relationship -

Do you have Allergies ❍ yes ❍ no

Allergin(s)

Medical conditions?

Critical medications?

Other Comments you would like to add

Lodging Name?

City

Room #

Lodging Phone

Room #

Lodging Phone

Submit