

**BOISE NATIONAL FOREST
EMERGENCY NOTIFICATION INFORMATION
(Voluntary)**

Date Prepared:		
Last Name	First Name	Middle Name
Working Title	Home Unit	
Physical Address		
City	State	Zip Code
Home Phone	Date of Birth	
PRIMARY PERSON DESIGNATED TO BE CONTACTED IN CASE OF EMERGENCY		
Last Name	First Name	Middle Name
Physical Address (No PO Boxes)		
City	State	Zip Code
Primary Phone Number	Secondary Phone Number	
Primary Contact's Place of Employment	Work Phone Number	
Primary Contact's Physical Work Address		
City	State	Zip Code
Preferred Contact Method (e.g., phone call, in person, other [specify])		
Any particular information needed when making notification to the secondary contact or would an interpreter be necessary? (List)		
Who would you like to make notification of major injury or death to your primary contact?	Phone number to reach this person:	
SECONDARY PERSON DESIGNATED TO BE CONTACTED IN CASE OF EMERGENCY <small>Please indicate a second person whom you would want to be notified if the primary person is not available</small>		
Last Name	First Name	Middle Name
Physical Address (No PO Boxes)		
City	State	Zip Code
Phone Number	Secondary Phone Number	
Secondary Contact's Place of Employment	Work Phone Number	
Secondary Contact's Physical Work Address		
City	State	Zip Code
Preferred Contact Method (e.g., phone call, in person, other [specify])		
Any particular information needed when making notification to the secondary contact or would an interpreter be necessary? (List)		
Who would you like to make notification of major injury or death to your secondary contact?	Phone number to reach this person:	

OTHER INFORMATION

List the Forest Service person you would like to accompany the agency administrator to make the notification:

List anyone else you want to help make the notification, for example, your minister:

Name: _____

Relationship: _____

Home Contact Info: Address: _____ Phone: _____

Work Contact Info: Name of Employer: _____

Address: _____

Phone: _____ Secondary Phone: _____

OPTIONAL INFORMATION

Make sure someone close to you also has this information

Religious Preferences

Religion: _____

Place of Worship: _____

Address: _____

Funeral Preferences

Are you a veteran of the U.S. Armed Forces? Yes No

If you are entitled to a military funeral, do you wish to have one? Yes No

Do you wish to have a fire service funeral? Yes No

Please list your membership in fire service, religious, or community organizations that may provide assistance to your family:

Do you have any pets that need immediate attention? If so, where are they located?

Do you have any medical conditions you would like to disclose? If so, please list. Yes No

Additional information?

Employee Signature: _____

Date: _____

PRIVACY ACT STATEMENT

The information obtained in the completion of this form is to be used in case of an emergency only. Its collection and use are covered under Privacy Act System of Records USDA/FS-11 Employee Emergency Information and are consistent with the provisions of 5 USC 552a (Privacy Act of 1974).