

# Greater Cincinnati Disaster Preparedness Coalition Emergency Credentialing

## Form

### Emergency/Disaster Information Release Authorization

I, \_\_\_\_\_, wish to give assistance during this emergency/disaster situation and hereby authorize my employer/former employer to release to \_\_\_\_\_ or its agents by any party, including but not limited to law enforcement agencies; and employers, the following information and documentation concerning my employment. I authorize and agree to permit \_\_\_\_\_ or its agents to initially secure and review and / or periodically secure and review such information. I further release \_\_\_\_\_ and / or its agents, pursuant to this authorization, from any and all claims or liability connected therewith. I understand that any falsification of this information including omission or misrepresentation of any kind whatsoever may result in a criminal investigation for fraud or other applicable criminal violations.

#### Personal Data:

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(\_\_\_\_)-\_\_\_\_-\_\_\_\_\_  
Social Security Number Date of Birth Phone Number  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Male  Female  
Email address: \_\_\_\_\_

#### Licensure Data:

Position volunteering for \_\_\_\_\_  
Dept. you desire to volunteer for \_\_\_\_\_  
\_\_\_\_\_  
Licensure/Certification Type (copy and attach)  
\_\_\_\_\_  
State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_  
\_\_\_\_\_  
Licensure/Certification Number (copy and attach)  
\_\_\_\_\_  
State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

#### Employer Data:

Employment Status:  Presently Employed  Unemployed  Retired  
\_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
If employed, Employer name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_