

UPPER TOWNSHIP EMERGENCY MANAGEMENT ID BADGE APPLICATION

IDENTIFICATION CARD APPLICATION FORM

Application Type:		<input type="checkbox"/> New	<input type="checkbox"/> Replacement	<input type="checkbox"/> Renewal
<input type="checkbox"/> First Responder Employee	<input type="checkbox"/> Essential Employee	<input type="checkbox"/> Other	<input type="checkbox"/> Emergency Management Response Employee	
<input type="checkbox"/> Volunteer First Responder	<input type="checkbox"/> Volunteer Other	<input type="checkbox"/> State Standard Credentialing Card		
<input type="checkbox"/> County & Local First Responder Card				
Employee / Volunteer Information				
Drivers License Number				
Last Name:		First Name:		
Date of Birth mm/dd/yyyy	Height	Weight	Eye Color	Hair Color
Citizenship:	<input type="checkbox"/> U.S. Citizen		<input type="checkbox"/> Foreign National	
<input type="checkbox"/> Municipality	<input type="checkbox"/> County	<input type="checkbox"/> State Employee	Name of Municipality/County	
Name of Agency:		Name of Department:		
Work Telephone Number:		Title:		

I have been designated by (name of agency) **Upper Township Emergency Management** as a first responder, essential employee or other person with emergency management/response functions and have submitted this application to obtain one Identification Card. I consent to providing the information requested in this Identification Card Application Form. I understand that it is confidential and for official use only including in the case of a medical emergency. I also understand the following:

1. The Identification Card is issued to me in my name and shall be used only by me. It shall not be given, loaned, transferred to, or otherwise used by, another individual.
2. If the Identification Card is lost, I must report the loss of the Card to my Supervisor immediately and pay any fee that me be charged by (name of agency) **Upper Township Emergency Management**.
3. Upon any material change in the information provided on this form, a new Identification Card must be obtained and the old Identification card given to the Card Issuer.
4. Upon cessation of employment or loss or change of status as a first responder, essential employee, or other person with emergency management/response functions, the Identification Card must be returned to my Supervisor.
5. I hereby give my permission to (name of agency) **Upper Township Emergency Management** and any person authorized by it to act to administer or secure necessary first aid treatment, including emergency medical services for me, and hereby waive any and all claims of any nature arising from such act or treatment:
6. If you become unaffiliated with the Agency, the ID Card must be returned to Upper Township Emergency Management Office immediately 2100 Tuckahoe Road, Petersburg NJ 08270.

Signature: _____ Date: _____

Last Name:		First Name:	
Home Address:			
City:	State:	Zip Code:	
Medical Information			
Physician Name:		Telephone Number:	
Emergency Contact:		Telephone Number:	
Organ Donor:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood Type & RH:	<input type="checkbox"/> A-	<input type="checkbox"/> A+	<input type="checkbox"/> AB
	<input type="checkbox"/> AB+	<input type="checkbox"/> B-	<input type="checkbox"/> B+
	<input type="checkbox"/> O-	<input type="checkbox"/> O+	

The information contained herein is confidential and intended only for the use of the State, County, or Municipality entity as applicable. All information on this form is privileged/confidential and for official use only. This information is considered sensitive homeland security information and will only be released when in accordance with the law. If you are not an authorized recipient of this document, the dissemination, distribution, copying or use of the information it contains is strictly prohibited.