



**EMERGENCY FORM**

**TO:** SOUTH BERGEN JOINTURE COMMISSION FACULTY/STAFF

In case of a health emergency, we would like to have the following information on file:

EMPLOYEE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

HOME PHONE NO. # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_  
(Optional)

E-MAIL ADDRESS \_\_\_\_\_  
(Optional)

Nearest relative or person you wish notified in case of an emergency:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_  
(HOME) (BUSINESS/CELL)

**KINDLY NOTIFY THE BOARD OFFICE IMMEDIATELY OF ANY CHANGES TO THIS INFORMATION.**

**OFFICE USE ONLY**

Original to: Suzanne Owens                      Data Base: \_\_\_\_\_                      Global Connect: \_\_\_\_\_

If you have health and/or dental through SBJC you must complete a new application form which can be found on our website at [www.njsbjc.org](http://www.njsbjc.org), staff, district forms, benefits and forward to Barbara Wegorek at the board office.