

KANSAS ELECTRIC COOPERATIVES MUTUAL AID PLAN EMPLOYEE INFORMATION FORM (Optional)

This sheet is to be filled out by the _____ employee
INSERT ASSISTING COOPERATIVE NAME
prior to beginning work for a host Cooperative. This sheet is to be presented to the host Cooperative. The :
_____ employee will give this sheet to the person in charge of the
INSERT ASSISTING COOPERATIVE NAME
operations/line personnel before being sent out to perform assistance or can be faxed or emailed to KEC. This
does not eliminate the need for the host Cooperative personnel to inform incoming assistance of all necessary
safety regulations and possible difference in procedure.

PLEASE PRINT

Assisting Cooperative Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Employee Name: _____

Home: _____ Personal/Company Cell: _____

Job Classification/Title: _____ Years Experience: _____

Blood Type: _____ List of Medications to Which You Are Allergic: _____

Miscellaneous Information: _____

Cooperative Radio Frequency: _____ Truck Is Stocked For: Aluminum Copper

Immediate Supervisor: _____ Phone/Cell: _____

Alternate Co-op Contact: _____ Phone/Cell: _____

Operations Manager: _____ Cell: _____

Office: _____ Home: _____

General Manager: _____ Phone/Cell: _____

*I hereby release and/or authorize _____ and/or authorized
INSERT COOPERATIVE NAME REQUESTING ASSISTANCE
personnel to release any of the following medical information to health providers and/or medical personnel in
the event of an medical emergency.*

Employee Signature: _____ Date: _____