



OCEAN CITY BEACH PATROL

Personal Data Form



Please provide all requested information with accuracy!

(PRINT)

Name: _____, _____, _____
(First) (Middle) (Last)

Name you wish to be addressed by: _____ Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ Current Age: _____

Drivers Soundex Number: _____ State: _____

Cell Phone _____ Cell Provider (for texting) _____

E-Mail Address (Print it exactly as it must be typed) _____

ADDRESS INFORMATION (if any of these addresses change it is your responsibility to notify the Beach Patrol immediately)

Permanent Address: _____ Phone: (_____) _____ - _____
(W-2's Sent Here)

Town: _____ State: _____ Zip Code: _____

Winter Address: _____ Phone: (_____) _____ - _____
(Correspondence)

Town: _____ State: _____ Zip Code: _____

Summer Address: _____ Phone: (_____) _____ - _____
(Ocean City Vicinity)

Town: _____ State: _____ Zip Code: _____

If you are living in Ocean City during the summer, what is the closest beach you could respond to in the event of an off duty emergency?

Street

Who is to be contacted in the event of an emergency?

Name: _____ Relationship: _____

Day Phone: (_____) _____ - _____ Evening Phone: (_____) _____ - _____