



YORK CITY DEPARTMENT OF FIRE/RESCUE SERVICES & BUREAU OF HEALTH  
**FAMILY EMERGENCY PREPAREDNESS CLASS**

Please Print or Type

Name: \_\_\_\_\_

# 2 Family Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

#3 Family Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

#4 Family Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
(Include Zip)

Primary Contact Phone # \_\_\_\_\_

Primary Email: \_\_\_\_\_

**I understand that attendance at all Family Emergency Preparedness sessions is expected. Classes will be held each THURSDAY evening from 6:30 – 9:00 PM September 7, 14, 21 and 28th.**

**One excused absence is permitted.**

**Participants will receive class confirmation via email.**

Limited applicants will be accepted, **in writing only.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and return this application form by **THURSDAY, AUGUST 31st C.O.B.** to the York City Department of Fire/Rescue Services by fax, email or mail to:

Mike Shanabrook, EMA  
Department of Fire/Rescue Services  
43 South Duke Street.  
York, PA 17401

Cary Hollis  
York, City Bureau of Health  
435 West Philadelphia Street  
York, PA 17401

Email: [mshanabrook@yorkcity.org](mailto:mshanabrook@yorkcity.org)  
FAX : 717-843-0464  
Telephone: 717-849-2441

Email: [chollis@yorkcity.org](mailto:chollis@yorkcity.org)  
FAX: 717-843-5605  
Telephone: 717-849-2296