

## Emergency Evacuation Voluntary Referral Form

To be effective in the event of an emergency evacuation, the college must be able to identify and support those faculty and staff members who need assistance in order to evacuate safely in time of need. If you are a person with a disability, even if you have not self-identified or asked for an accommodation, the College requests that you complete this form if you feel you would need assistance in evacuating during an emergency. Please complete the applicable sections of this form and return it, in confidence, to Eric Noll, Chief HR Officer, 17 South Lane. The requested information will be treated confidentially, will not be kept in your personnel file, and will be used only to develop an emergency evacuation plan for you.

### General Information

Name: \_\_\_\_\_ Work Location: \_\_\_\_\_  
Extension: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

### Functional Limitation

\*\*\*Please complete each section that applies to you\*\*\*

During a normal day, if an emergency evacuation were to occur would you be able to evacuate the facility without assistance?      Yes  No

**Mobility**

1. What, if any, mobility devices do you use?

a.  Wheelchair  Scooter  Cane/Crutches  Other \_\_\_\_\_

2. Do you have a functional limitation with:

a.  Using Stairs  Opening Doors  Stamina/Distance  Other \_\_\_\_\_

**Auditory**

1. Do you use hearing assistance devices during the day?    Yes  No

If yes, please describe \_\_\_\_\_

**Visual**

1. Does your visual impairment prohibit or hinder evacuation during an emergency?    Yes  No

2. Do you use a cane or guide dog that helps you travel throughout the day?    Yes  No

**Other (e.g. anxiety, psychiatric disorder, asthma, seizure disorder)**

What are your concerns about evacuating in an emergency? \_\_\_\_\_

*I hereby give permission for the Director of Human Resources and the Director of Campus Safety to notify, if needed, my supervisor or other work colleagues with regard to a specific assistance plan to be used during an emergency evacuation.*

This form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date sent to Campus Safety: \_\_\_\_\_ Date Faculty/Staff Interviewed: \_\_\_\_\_

Evacuation Procedure: \_\_\_\_\_

Faculty/Staff Providing Evacuation Assistance: \_\_\_\_\_ Contacted: \_\_\_\_\_

\_\_\_\_\_ Contacted: \_\_\_\_\_

\_\_\_\_\_ Contacted: \_\_\_\_\_

## **CAMPUS SECURITY STATEMENT**

Union College is committed to assisting all members of the Union College community in providing for their own safety and security. Information regarding campus security and personal safety including topics such as crime prevention, Campus Safety law enforcement authority, crime reporting policies, crime statistics for the most recent three year period, and disciplinary procedures is available from the Union College Director of Campus Safety at 807 Union Street, Schenectady, New York 12308. This information may also be accessed from the Union College Campus Safety web page at [www.union.edu/PUBLIC/SAFETY/CommunityReport.html](http://www.union.edu/PUBLIC/SAFETY/CommunityReport.html).