



Employee/Volunteer Acknowledgement of Emergency & Disaster Plan Manual

I acknowledge that I have been advised, and offered a copy of the Disaster plan. I understand that I am subject to complying with all of the policies and procedures outlined in this document. I further acknowledge that I have been given the opportunity to ask any questions I may have about the application of these procedures to my work.

Print Name: _____

Employees Signature: _____

Date: _____

Program Administrator: _____

Date: _____