

CONFIDENTIAL

Everbridge Mass Notification Enrollment Form

PURPOSE: (CONFIDENTIAL): The information below is used to enroll State employees in the Everbridge Mass Notification System. This system helps notify staff about incidents that may affect State operations. In addition to emergencies, Everbridge may also send updates about weather, office operations, or other important announcements. The system can alert you within seconds and provide instructions from State leadership when needed.

All data collected is strictly protected and never released without written permission from the person whom the information belongs to. Access to the Everbridge Mass Notification System is strictly controlled by the System Administrators for the Everbridge program.

System Administrator Point of Contacts:

Douglas Dame: (Office) 702-486-5023 **Email completed form to:** ddame@health.nv.gov

Tabatha Hart: (Office) 775-684-5986 **Email completed form to:** thart@health.nv.gov

*Your Program Name:

Workstation Location
(number, street, city):

*First Name:

Middle Initial:

*Last Name:

Home Address:

City:

State:

Zip Code:

*Method of Contact:

Work Phone:

Work Cell:

Home Phone:

Personal Cell:

*Work Email:

Personal Email:

*Select Your After-Hours Callback Phone:

Work Cell

Personal Cell

Home Phone

* = Required

The work email is required for registration purposes; however, members will have the option to opt out or unsubscribe from receiving notifications to your work email as long as another delivery method is available. (e.g., phone/text, personal email, etc.) An After-Hours Callback Phone Number selection is required to enable notifications to be sent to you during non-business hours in the event of an emergency or office closure.