**Form PEMA-OEL-1**

## OFFICIAL LIST OF DULY ENROLLED EMERGENCY MANAGEMENT VOLUNTEERS

All individuals whose names are listed below have been duly enrolled as members of the _____
Name of County or Local Emergency Management

_____ in the County of Erie.
organization

| Enrollment Number | Name of Individual | Home Address | Date of Enrollment | Service Assignment |
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I, the undersigned, do hereby certify that the above is a true and correct list of duly enrolled emergency management volunteers as of (date) _____. Page ____ of ____.

Name _____ Signature _____
(Enrolling Coordinator) (Enrolling Coordinator)