

Date: _____

Office of Educational Programs www.bnl.gov/education

Emergency Contact Form
Internship Required Data

Please type or print:

NAME _____ Kayla Clements _____ CELL (_ 954 _) _____ 654-9005 _____

Personal Email _____ clementsk97@gmail.com _____ HOME (_____) _____ N/A _____

INSURANCE INFORMATION:

Insurance Carrier Name: _____ Allegiance (Cigna) _____

Phone # (_ 406 _) _____ 523-3199 _____ Policy or ID Number _____ 779351372322 _____

Name Policy is under _____ Steven Clements _____ Phone # (_ 786 _) _____ 554-9500 _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name _____ Hilary Clements _____ Relationship _____ Mother _____

Home # (_____) _____ N/A _____ Cell # (_ 954 _) _____ 290-2702 _____ Work # (_ 954 _) _____ 615-1034 _____

PHOTO PERMISSION:

I agree that all photos or videos taken at Brookhaven National Laboratory may be used at the discretion of the Laboratory (please circle one)

YES

NO

Kalts

Signature of Student

Application data is important in assessing diversity; your completion of the ethnicity information will assist us with that. If you decide not to do so, your choice will not affect our decision regarding your application or your appointment. We appreciate your cooperation.

WHITE (not Hispanic or Latino) ☒ X _____ AFRICAN AMERICAN (not Hispanic or Latino) _____

HISPANIC OR LATINO _____ ASIAN (not Hispanic or Latino) _____

AMERICAN INDIAN or ALASKAN NATIVE _____ NATIVE HAWAIIAN/PACIFIC ISLANDER _____

If you have a Physical/Mental disability that may substantially limit one or more major activity (blindness, deafness, mobility impairment, etc.) please contact the program manager so appropriate accommodations can be made in advance.