

Rules for observation

- 1. Modest dress is required.**
- 2. You are to observe only and are not permitted to assist or interfere with any operations.**
- 3. The Emergency Management Agency or any representative may deny your request for observation or terminate your observation at any time.**
- 4. Your experience will be one of observation and learning only.**
- 5. No recording devices, cellular telephones, pagers, radios, scanners, computers, or outside media, electronic or printed are allowed inside the communications center.**
- 6. No note taking is permitted.**
- 7. Reference materials inside the communications center are for employees only and you will not be permitted to read them.**

Lebanon County Emergency Management Agency
Authorization for Communications Center Observation

I, _____, DOB _____

Have been granted the privilege to observe the operations of the Lebanon County Emergency Management Agency / 911 Center for the purpose of personal benefit and / or training. I certify that I will not use any Lebanon County Emergency Management Agency / 911 Center equipment while observing to include but not limited to computer or computer programs, and radio systems. I further certify that I may be privileged to observe confidential information not normally known to me and affirm that I will not divulge any information obtained within the Lebanon County Emergency Management Agency for personal or private use. I also give the Lebanon County Emergency Management Agency / 911 Center permission to run and view my criminal history prior to approval of the observation.

Signature _____ Date _____

Daniel Kauffman, Director
Phone: 717-272-7621
Fax Number: 274-1486



400 South Eighth Street
Room 12, Municipal Building
Lebanon, PA 17042

**AUTHORIZATION AND RELEASE FOR CRIMINAL AND/OR MOTOR VEHICLE
RECORD CHECK**

I HEREBY AUTHORIZE THE LEBANON COUNTY EMERGENCY MANAGEMENT AGENCY OF LEBANON, PENNSYLVANIA TO PERFORM A RECORD CHECK FOR ANY CRIMINAL AND/OR MOTOR VEHICLE RECORDS, ON FILE WHICH PERTAINS TO ME, EXCEPTING ANY JUVENILE RECORDS.

I HEREBY RELEASE THE LEBANON COUNTY EMERGENCY MANAGEMENT AGENCY, LEBANON, PENNSYLVANIA FROM ANY CLAIMS, DEMANDS, OR RIGHTS I MAY HAVE AGAINST THEM AS A RESULT OF THESE RECORDS CHECKS.

DATE _____ SIGNATURE _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

TYPED OR PRINTED NAME OF PERSON WHOSE RECORD IS BEING CHECKED:

Name _____ Date of Birth _____

OLN _____ SSN _____

Home Address _____

Telephone Number _____

Reason for Observation _____

Have you ever been arrested? _____

If yes for what? _____

Were you convicted (If Applicable) _____

I _____ DOB _____

Certify that all information is true and correct.

Signature _____ Date _____

OFFICE USE ONLY

CRIMINAL HISTORY INFORMATION YES NO

Date Run _____

Operators Initials _____

Approval for Observation YES NO

Approval given by _____ Date _____