

**CONFIDENTIAL**  
**Everbridge Mass Notification Enrollment Form**

**PURPOSE: (CONFIDENTIAL):** The data below is used to enroll Division of Public and Behavioral Health Employees into the Everbridge Mass Notification System. This system is used to notify staff during emergent events that may occur and affect the operations of State business. This system can alert you within seconds of sending out an alert to notify you of instructions to follow as given by the leadership of the Division. There is also a weather alert program that can send you weather alerts based on your home address if you choose to enroll into that part of the system.

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 to only the System Administrators for the Everbridge program.

System Administrators Point of Contacts:

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Your Program  
Name:

Office Location  
(City):

First Name:

Middle Initial:

Last Name:

Home Address:

City:

State:

Zip Code:

Work Telephone:

Work Cell:

Home Telephone:

Personal Cell:

Work Email:

Home Email: