CSFEWBC SAFER GRANT BENEFIT ENROLLMENT FORM

Department Name:	County			
Dept Address:				
Dept Phone Number:	Dept We	ebsite:		
	c Chief Name: Chief's Email Address f Stations: # of Vehicles: # of Total Annual Runs:			
# of Stations: # of Vehicles:		# of Total Annual Runs:		
Referred by:				
Total Number of Volunteer Emergency Responders Number of Volunteers Needed to Meet NFPA 1720:		Number of Active* Volunteer Emergency Responders		
Number of Volunteers Needed to Meet NE Number of Volunteers Who Left Your Dept		Number of New Recruits in the Da	ct 2 Voors	
You Provide New Recruits a NFPA 1582 Co			st s rearsbo	
Percentage of Your New Recruits that Mee	• • • • • • • • • • • • • • • • • • • •		ears?	
*The following Volunteer Emergency Resp activities, and attend 50% of our department accident/injury coverage once the Department	ent training. The Volunteers listed nent Chief completes this form an	below will be enrolled in the CSFEWBC st d it is accepted by our administrator. This	tatewide AD&D and	
completed every 12 months. The SAFER gr Volunteer Name	Phone Number	Email Address	Date of Divide	
volunteer Name	Phone Number	Email Address	Date of Birth	
Fire Chief Signature:Secondary Signature:		ddress:		

CSFEWBC SAFER GRANT BENEFIT ENROLLMENT FORM

Volunteer Name	Phone Number	Email Address	Date of Birth

Submit to: Paul Harrison or Emily Craig Myers-Stevens & Toohey & Co., Inc. 9075 Foothill Blvd., #4
Roseville, CA 95678
916-772-0697 (fax)
pharrison@myers-stevens.com
800-827-4695 (phone)
CA License # 0425842

Fire Chief Signature:	_
Secondary Signature:	_Email Address: