

CSFEWBC SAFER GRANT BENEFIT ENROLLMENT FORM - EFFECTIVE 1/1/2013

Department Name: _____ County _____
 Dept Address: _____ NFIRS #: _____
 Dept Phone Number: _____ Dept Website: _____
 Fire Chief Name: _____ Chief's Email Address _____
 # of Stations: _____ # of Vehicles: _____ # of Total Annual Runs: _____

 Total Number of Volunteer Emergency Responders _____ Number of Active* Volunteer Emergency Responders _____
 Number of Volunteers Needed to Meet NFPA 1720: _____
 Number of Volunteers Who Left Your Dept During the Past 3 Years _____ Number of New Recruits in the Past 3 Years _____
 Do You Provide New Recruits a NFPA 1582 Compliant Entry Level Physical? _____
 Percentage of Your New Recruits that Meet Firefighter 1 Training Requirements within 1 Year? _____ 2 Years? _____

*The following Volunteer Emergency Responders are in good standing with our department, respond to at least 25% of our calls or operational activities, and attend 50% of our department training. The Volunteers listed below will be enrolled in the CSFEWBC statewide AD&D and accident/injury coverage once the Department Chief completes this form and it is accepted by our administrator. This form will need to be completed every 12 months. The SAFER grant funds used to pay for this coverage will end on October 31st, 2016.

Volunteer Name	Phone Number	Email Address	Date of Birth

Fire Chief Signature: _____
 Secondary Signature: _____ Email Address: _____

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Volunteer Name	Phone Number	Email Address	Date of Birth

Submit to: Paul Harrison or Emily Craig
Myers-Stevens & Toohey & Co., Inc.
212 Judah Street
Roseville, CA 95678
916-772-0697 (fax)
pharrison@myers-stevens.com
800-827-4695 (phone)

Fire Chief Signature: _____

Secondary Signature: _____ Email Address: _____