



Application Form

To request a Fire Safety Presentation for your community school, please complete this form and fax it to FNESS at (604) 669-9832.

SECTION 1: Contact Information

Band Name _____ 3 Digit Band Number _____

School Name _____

Principal/Contact Person _____

Mailing Address _____ City/Town _____ Province _____ Postal Code _____

Phone _____ Fax _____ E-Mail _____

Possible Dates to Visit Your School _____

SECTION 2: School Enrolment

Please provide the teacher's name & the number of students in each of the grade levels that applies to your pre-school or school.

Table with 3 columns: Teacher's Name, Grade Level, No. of Students. Rows include Pre-School (0-4 yrs), Kindergarten (4-6 yrs), Grade 1 (6-7 yrs), Grade 2 (7-8 yrs), Grade 3 (8-9 yrs), Grade 4 (9-10 yrs), Grade 5 (10-11 yrs).

SECTION 3: Attendance

Please provide the approximate number of attendees for each of the age groups listed so that we may prepare the adequate amount of handout materials.

0 - 5 yrs: _____ 6 - 11 yrs: _____

Please answer the following questions

- 1. Does your community have an active on-reserve fire department? [] Yes [] No
2. If so, what is the name of your Fire Chief? _____ Phone _____
3. Does your community have smoke alarms installed in your homes? [] Yes [] No
4. Does your community have fire extinguishers in your homes and public buildings? [] Yes [] No



This form is to request a Home Fire and Life Safety Presentation. This program is designed to deliver public education about fire safety to community members including elders and youth, band office and/or fire department staff. Participants will gain an understanding of Smoke Alarms Carbon Monoxide Detectors, Fire Extinguishers and Home Escape Plan.

To request a Home Fire Life Safety Presentation for your band staff and community members, please complete this form and email to smarsicoveter@fness.bc.ca or fax it to FNESS at (604) 669-9832.

Band Name

Office or Organization Name

Manager/Contact Person

Mailing Address

City/Town

Province

Postal Code

Phone

Fax

E-Mail

Possible Dates to Visit Your Community

Number of participants expected _____

1. Does your community have an active on-reserve fire department?

Yes No

2. If so, what is the name of your Fire Chief? _____

Phone _____

3. Does your community have smoke alarms installed in your homes?

Yes No

4. Does your community have fire extinguishers in your homes and public buildings?

Yes No