



Community Fire Safety Training
Application Form

To request a Fire Safety Presentation for your band staff and community members for the months of February and March 2009, please complete this form and fax it to FNESS at (604) 669-9832.

This is request for [ ] Band Staff [ ] Community [ ] Other \_\_\_\_\_

Band Name \_\_\_\_\_ 3 Digit Band Number \_\_\_\_\_

Office or Organization Name \_\_\_\_\_

Manager/Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Possible Dates to Visit Your Community \_\_\_\_\_

Size of building (in square feet) \_\_\_\_\_ Number of floors \_\_\_\_\_

Number of departments that share the building \_\_\_\_\_ Number of participants in total \_\_\_\_\_

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 - 12 yrs: \_\_\_\_\_ 13 - 15 yrs: \_\_\_\_\_ 16 - 18 yrs: \_\_\_\_\_ 19- 50 yrs: \_\_\_\_\_ 50 yrs+: \_\_\_\_\_

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