



FLAGSTAFF FIRE DEPARTMENT PUBLIC CONTACT/ EDUCATION APPLICATION

Date: _____

REQUESTER INFORMATION

Name (First and Last): _____

Company Name: _____

Phone #: _____

Email: _____

Address: _____

PUBLIC CONTACT/ EDUCATION REQUEST DETAILS

Objective of Contact: (Pick One) Education Fire Safety Safety Event Training

Other: _____

Presentation Theme: _____

1st Date: _____

Requested Date: 2nd Date: _____

3rd Date: _____

Please list ATLEAST 3 different dates incase your initial date pick isn't available

If none of the above dates are available please select your preferred day of the week

Day of Week: M T W TH FRI SAT SUN

Time of Day: AM (8:00 am-12:00 pm) PM (1:00 pm-4:00 pm)

Length of Time: (Pick One) 30 MINUTES 45 MINUTES 1 HOUR 1.5 HOUR

No other time frames are available

Start Time: _____ AM PM End Time: _____ AM PM

Location: _____

Address: _____

or

Station: 1 2 3 4 5 6 No Preference

Requests for education or contact at station is approved on a case by base basis.



Ages of Participants: _____

Educational Groups

Pre K	<input type="checkbox"/>	Kindergarten	<input type="checkbox"/>	1st Grade	<input type="checkbox"/>	2nd Grade	<input type="checkbox"/>	3rd Grade	<input type="checkbox"/>	4th Grade	<input type="checkbox"/>
5th Grade	<input type="checkbox"/>	6th Grade	<input type="checkbox"/>	7th Grade	<input type="checkbox"/>	8th Grade	<input type="checkbox"/>	High School	<input type="checkbox"/>	College	<input type="checkbox"/>
Adults	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>	Seniors	<input type="checkbox"/>	Other:	_____				

Total # of Participants: _____

Total # of Chaperones: _____

Props Needed YES NO WILL BRING OWN If Yes: _____

Handouts Needed YES NO If Yes: _____

Please initial next to each of following:

I understand the Flagstaff Fire Department is part of the local emergency response services and may have leave at any time and with little to no notice to assist with a community emergency.

I understand the Flagstaff Fire Department is part of the local emergency response services and may be forced to cancel with little to no notice due to department or community needs.

I understand the Flagstaff Fire Department may not be able to provide desired contact or education.

I understand the Flagstaff Fire Department may not be able to provided desired handouts.

I understand that due to COVID-19 the Flagstaff Fire Department will wear face coverings over nose and mouth at all times during public contact/education.

I understand that due to COVID-19 the Flagstaff Fire Department asks that social distancing practices (staying 6 feet or more apart) be followed during public contact/education.

I understand the Flagstaff Fire Department reserves the right to decline any public contact/education request that does not align with the City of Flagstaff mission or values.

The Applicant agrees to defend, indemnify, and hold harmless the City of Flagstaff, its agents, representatives, officials, and employees, from and against any and all claims, damages, losses, and expenses (including but not limited to attorney fees, court costs, and the cost of appellate proceedings), relating to, arising out of, or alleged to have resulted from the acts, error, mistakes, or omissions of the Applicant, its agents, employees, contractors, subcontractors, customers, invitees, guests or other persons doing business with the Applicant, in connection with the Event described in the Application, provided that such claims, damages, losses and expenses are attributable to bodily injury or to injury to or destruction of property.

I have read and understand all the attached policies and will abide by all policies, rules, regulations, and conditions of use as written. I understand that the event permit is not transferable to any other individual or group.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____



FOR FLAGSTAFF FIRE DEPARTMENT ONLY

Date scheduled : _____ Time frame scheduled : _____

Location scheduled at : _____ Shift schedule for: A B C

Date Entered into Training Calendar: _____

Entered By: _____

Stamp

Battalion Chief: _____

COMMENTS: _____

Confirmation Stamp

COMMENTS: _____

Public Contact/ Education Completion Comments

PUBLIC CONTACT

Name (First and Last) or Organization : _____

Ride Along Date _____

Station Location _____

COMMENTS: _____

Station Officer or Battalion Chief

Date

