



EFR Public Service Request

Please fill out this form in its entirety. This request does NOT guarantee services. A representative for Evergreen Fire /Rescue will contact you to confirm availability within 3 business days after submission. We ask that all requests be made at least 7 days prior to the event date.

Applicant Information

Organization: _____

Contact Name: _____

Last

First

Title

Address: _____

Street Address

Apartment / Unit #

City

State

Zip Code

Phone: _____

Office

Cell

Email: _____

Event Information

Type of Event

- | | | |
|---|--|---|
| <input type="checkbox"/> School Visit | <input type="checkbox"/> Workplace Program | <input type="checkbox"/> Day / Summer Camp |
| <input type="checkbox"/> Local/ Regional Fair | <input type="checkbox"/> Family Request | <input type="checkbox"/> Special Event /Other |

Service /Presentation Requested

- | | | |
|--|--|---|
| <input type="checkbox"/> Fire/Life Safety | <input type="checkbox"/> Healthy Initiative | <input type="checkbox"/> Fire Dept. Speaker |
| <input type="checkbox"/> Fire Drill/ Evac Training | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Fire Station Tour |
| <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Fire Crew / Truck Standby | <input type="checkbox"/> Booth Display/Tent |
| <input type="checkbox"/> Wildfire | <input type="checkbox"/> Other: _____ | |

Event Location and Time

Event Location: _____

Location Description: _____

Time of Event Requested: _____ Length of Event: _____

Is A/V Equipment available? Yes No A/V type? _____



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Audience Information

Please provide detailed information of the age range/grade level of the audience. This information will allow us to ensure the appropriate level of educational material or services are provided.

Age Range / # of People: (Select all that apply)

- | | | | | | |
|--|---------|--|---------|---|---------|
| <input type="checkbox"/> 0-4 years | # _____ | <input type="checkbox"/> Pre-K | # _____ | <input type="checkbox"/> 1 st -3 rd | # _____ |
| <input type="checkbox"/> 4 th -6 th | # _____ | <input type="checkbox"/> 7 th - 8 th | # _____ | <input type="checkbox"/> 9 th - 10 th | # _____ |
| <input type="checkbox"/> 11 th - 12 th | # _____ | <input type="checkbox"/> Adults | # _____ | <input type="checkbox"/> 65+ years | # _____ |

2017 School Visit Dates: School visit dates are only available Tuesday – Thursday unless special arrangements are submitted for consideration.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Special Needs or Considerations: (Please explain) _____

Additional Information: _____

At the present time the submit request button is not available. Please save the completed form and email it to jcardona@evergreenfirerescue.com to be processed.

SUBMIT REQUEST

Note: Emergency Response is our primary responsibility. We will make every attempt to fulfill your request, but our participation cannot be guaranteed. Organizations must provide easy access for Fire Department vehicles to enter, park and exit. Presentations may be cancelled or delayed due to emergency responses. We will make every effort to reschedule should this occur.