

School-Aged Fire and Injury Prevention Program
Request for On-site Firefighter Visit

Please complete one form for each group visit you would like to schedule.

CONTACT INFORMATION

Contact Name: _____ Phone: _____
Org./Group Name: _____ Email: _____
Mailing Address: _____
Location of Visit: _____

RISK WATCH CURRICULUM (required) Please select one:

- I will pick up a *Risk Watch* binder at Fire Station 71 (8010 180th St SE).
- I have the *Risk Watch* curriculum (or will utilize lessons from the www.riskwatch.org website).

GROUP INFORMATION

Number of Adults: _____ Number of Children: _____ Age(s) of Children: _____
Are there any children with special needs? Please specify: _____

VISIT INFORMATION

Please select an option below and provide the required information. You will be contacted to confirm the scheduled date. Be sure each date is at least 3 weeks from the date you are submitting this form.

- Please indicate three possible dates for an on-site visit.
Date: _____ Time: _____
Date: _____ Time: _____
Date: _____ Time: _____
- Please indicate the best days of the week and times of the day you are available for a visit.
Day(s) of the week: _____
Time of Day: _____

RULES AND CONDITIONS

- I agree to provide a parking area for the fire apparatus.
- I understand that although every effort will be made by Snohomish County Fire District 7 to conduct the visit as scheduled, the firefighter visit may be cancelled at the last minute with no notification due to emergency response or firefighter training requirements.
- I will complete a *Risk Watch* lesson with the children prior to the scheduled visit with the firefighters.

Signature: _____ Date: _____