## **BAER SAFER GRANT BENEFIT ENROLLMENT FORM - EFFECTIVE 2/1/2023**

Department Name: Dept Address:			County NFIRS #:			
Dept Phone Number:		Dept Website:				
Fire Chief Name:		Chief's Email Address				
Fire Chief Name: # of Vehicles:		# of Total Annual Runs:				
Total Number of Volunteer Emergency Responders Number of Active* Volunteer Emergency Responders Number of Volunteers Needed to Meet NFPA 1720: Number of Volunteers Who Left Your Dept During the Past 3 Years Number of New Recruits in the Past 3 Years Do You Provide New Recruits a NFPA 1582 Compliant Entry Level Physical? Percentage of Your New Recruits that Meet Firefighter 1 Training Requirements within 1 Year? 2 Years? *The following Volunteer Emergency Responders are in good standing with our department, respond to at least 25% of our calls or operational activities, and attend 50% of our department training. The Volunteers listed below will be enrolled in the BAER statewide AD&D and accident/injury coverage once the Department Chief completes this form and it is accepted by our administrator. This form will need to be completed every 12 months. The SAFER grant funds used to pay for this coverage will end on December 13th, 2026.						
Volunteer Name	Phone Number		Email Address	Date of Birth		
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Email All Completed Rosters to Vicki@Volunteerfirefighter.org

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Volunteer Name	Phone Number	Email Address	Date of Birth
		+	

## Email All Completed Rosters to Vicki@Volunteerfirefighter.org

Fire Chief Signature:	Email Address:	