*Please complete* ***All*** *information. If it does* ***Not*** *apply, please list N/A for the answer.*

Name:

 *(Legal Business Name)*

|  |
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| **CONTACT INFORMATION** |
| Fire Chief Name:       | Number of Years in Position:       |
| Email:       | Phone Number:       |
| **LIABILITY INFORMATION** |
| **A.** | Number of medical responses per year |       |
| **B.** | Number of non-medical responses per year |       |
| **C.** | Population of area served on a first call basis |       |
| **D.** | Number of square miles serviced |       |
| **E.** | Number of full-time employees |       |
| **F.** | Number of part-time employees |       |
| **G.** | Number of active volunteers |       |
| Do you share volunteers with another fire district?  | Yes [ ]  No [ ]  |
| **H.** | Active volunteer’s number of worker hours |       |
| **I.** | Who do you contract dispatching services through?       |
| **If not** contracted, what type of training are your dispatchers provided?       |
| **(Please provide copy of dispatching policies and procedures)** |
| **J.** | Do employees and volunteers receive specialized training on firefighting equipment and vehicles prior to operation? | Yes [ ]  No [ ]  |
| **If yes**, how often are employees and volunteers required to complete training? |       |
| **K.** | Do you have a Fire Marshal or Firefighter who is commissioned with search, seizure, and/or arrest powers while performing their duties to your fire department?  | Yes [ ]  No [ ]  |
| **L.** | Do you have any licensed professionals?  | Yes [ ]  No [ ]  |
| **If yes**, how many of the following do you have? |
|  EMTs |       |  Therapists |       |
|  Paramedics |       |  Counselors |       |
|  Nurses |       |  Social Workers |       |
|  Out of the number of Nurses above how many  are ARNPs? |       |  Other Please specify:       |       |
| Do the above professionals meet Washington State Certificate and Licensing requirements? | Yes [ ]  No [ ]  |
| **M.** | What type of area do you serve?  | [ ]  Rural  | [ ]  Urban  | [ ]  Suburban |
| **N.** | Annual Payroll | $      |
| **O.** | Annual Budget (expenditures)  | $      |
| **P.** | Annual Revenue | $      |
| **Q.** | Do you utilize Lexipol policies? | Yes [ ]  No [ ]  |
| **R.** | Are you party to any mutual aid, reciprocal, or regional task force agreements?**If yes, please provide a copy of any agreements.** | Yes [ ]  No [ ]  |