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

Name:

*(Legal Business Name)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |