

Name and Contact Information:
<u> Please Print Clearly</u>

Name			Phone #	
Mailing Address			City/State	
Email				
Organization Affiliated With (If Any)				
Are you between the ages of 14 – 18? (Parent/guardian signature needed)			Yes	No
Would you like to be considered and contacted for other events?			Yes	No
Will you have an insured vehicle to transport yourself and team?		Yes	No	
<u>Mail to</u>	or	Fax, Email or Call		
City of Casa Grande Fire Department Attention: Martha Bender		Email: Martha_bender@casagrandeaz.gov		
377 E. Val Vista Blvd.		Fax: (520) 836-1129 Office: (520) 421-8777 ext. 5980		

Please submit application prior to January 22, 2020 to participate in the Smoke Alarm Installation Program. Large groups will be broken down into teams of 3-4. Please have each member of your group fill out this form.

The Smoke Alarm Installation Program would **NOT** be possible without the support of our volunteers and our sponsors. *Thank you for volunteering to join our* **S.A.F.E. Team!**

All volunteers assume full responsibility, accountability and liability for themselves and whomever they have guardianship over throughout the event and its activities. The City of Casa Grande Fire Department will not be held liable or responsible for any damages to life or property that occurs while volunteering in the events. **Safety is our highest priority!**

Signature

Date

Parent/	Guardian
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Casa Grande, AZ 85122



Group Sign-up Sheet

Name:

Contact number:

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(Please print additional forms if needed)