

# GREATER LAGUNA COAST FIRE SAFE COUNCIL

P.O. BOX 814  
LAGUNA BEACH, CA 92652

## CITIZENS RED FLAG PATROL VOLUNTEER APPLICATION

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NAME:    Last                      First                      Middle                      Date of Birth

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Address    City                      State                      Zip Code

Area of city :    North Laguna              Central Laguna              South Laguna              Other

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Telephone Number –home              Telephone Number –work              email address

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Do you have a Cell Phone?    Yes    No              Cell Phone Number

Are you willing to use your own car for patrol?    Yes              No

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Would you rather be paired with someone who would do the driving?              Yes              No

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Do you have a valid Driver's License?    Yes              No

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Driver's license number & state    Expiration Date

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Do you have current car insurance?    Yes              No

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Insurance Provider    Policy Number    Expiration Date

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Would you prefer to patrol during the:              Day time              Night time              Either

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Preferred Partner:

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Do you have any difficulty with night vision?    Yes              No

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Have you ever been arrested and/or convicted of a felony or misdemeanor?    Yes              No  
If yes, describe each circumstance. Please use additional pages if necessary.

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Signature: \_\_\_\_\_

\*All volunteers must complete the Red Flag Patrol training conducted by the Laguna Beach Fire Dept. and the Orange County Fire Authority before participating in the program.

Mail this completed form to the above address or return it to Fire Administration in Laguna Beach City Hall.