

**Instructions for completing form:** From the menu select File, Save As. Name the file.

Complete the form and email to kimberly.vera@fhr.com.

ALL FIELDS MUST BE COMPLETE

TO BE FILLED OUT BY AGENCY OR DEPARTMENT			
CONTACT INFORMATION			
NAME OF AGENCY OR DEPARTMENT		VOLUNTEER DEPARTMENT? (Select One Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTACT NAME	TELEPHONE NUMBER	EMAIL	
PHYSICAL ADDRESS			
CITY	STATE	COUNTY	ZIP OR POSTAL CODE

ORGANIZATION INFORMATION	
IS YOUR UNIT A GOVERNMENT OR NON-GOVERNMENT ENTITY? <input type="checkbox"/> Government Entity <input type="checkbox"/> Non-Government Entity	IF NON-GOVERNMENT, IS YOUR DEPARTMENT A 501(c)(3)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
TOTAL NUMBER OF DEPARTMENT PERSONEL:	PERCENTAGE OF PERSONNEL PAID VS. VOLUNTEER PAID:                                  VOLUNTEER:

BRIEF DESCRIPTION OF REQUEST
ESTIMATED COST OF REQUEST:
BRIEF EXPLANATION OF THE TRAINING OR EQUIPMENT REQUEST: