

GREATER LAGUNA COAST FIRE SAFE COUNCIL

P.O. BOX 814
LAGUNA BEACH, CA 92652

CITIZENS RED FLAG PATROL VOLUNTEER APPLICATION

NAME: Last First Middle Date of Birth

Address City State Zip Code

Area of city : North Laguna Central Laguna South Laguna Other

Telephone Number –home Telephone Number –work email address

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

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

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

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

Driver's license number & state Expiration Date

Do you have current car insurance? Yes No

Insurance Provider Policy Number Expiration Date

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

Preferred Partner:

Do you have any difficulty with night vision? Yes No

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.

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.