

OSFA SAFER Grant

for Volunteer Firefighter
Wellness Initiative

2009-2010 Application

This form must be completed and signed by your department's Fire Chief.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

Phone number: (_____) _____

Email: _____

OSFA Member: Y N Years of Service: _____ Rank: _____

Fire Department or District: _____

Fire Chief Signature _____ Date: _____

Include the names of two (2) of your most recently hired firefighters for whom you are requesting a physical.



Mail completed form to: OSFA

**Attn: Safer Grant
2716 N.E. 50th St.
OKC, OK 73111**

**or fax to 405-424-1032
Attn: Safer Grant**

You will be notified upon selection.