

Please fill out the form below to enroll your district’s career emergency services personnel, administrative staff, and volunteers in the Public Safety Employee Assistance Program (EAP). *Submission of this form is required to continue participation in the program.* **The deadline to return this form is June 1, 2020.**

**DISTRICT INFORMATION**

**District:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

**Contact Email Address:** \_\_\_\_\_

**CAREER EMERGENCY SERVICES PERSONNEL (REQUIRED)**

**Number of Career Emergency Services Personnel:** \_\_\_\_\_

**Yes! Our district would like to voluntarily cover the cost of our career emergency services personnel so SDIS can grant funds to fire districts without the financial means to enroll their volunteers in this valuable program.**

<b>Number of Career Emergency Services Personnel</b>	<b>x \$18.72:</b>	
	<small>(multiply)</small>	<small>(Total)</small>

**We are not able to assist with funding the grant program at this time. However, please continue to provide this valuable service for our district’s career emergency services personnel at no cost to us.**

		<b>\$0.00</b>
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**ADMINISTRATIVE STAFF AND VOLUNTEERS (OPTIONAL)**

If enrolling administrative staff and volunteers, choose one tier **only**.

Tier Enrollment	Number of Administrative Staff and Volunteers:	Total
<input type="checkbox"/> Tier One (6 Visits/Issue) \$18.72/Employee	_____	_____
		<b>x \$18.72</b>
		<b>(multiply)</b>
<input type="checkbox"/> Tier Two (3 Visits/Issue) \$14.63/Employee	_____	_____
		<b>x \$14.63</b>
		<b>(multiply)</b>

**We are interested in adding our administrative staff and/or volunteers to this program.** However, due to budget constraints, we are unable to do so. Please consider our district for a grant to cover these costs.

**ENROLLMENT**

**Total Amount Due** \_\_\_\_\_

Please send this completed form and total amount due (if applicable) to:

SDIS | PO Box 12613 | Salem, OR 97309 | [eknaus@sdao.com](mailto:eknaus@sdao.com)