



FIRE CAMP



APPLICATION

CONTACT INFORMATION

NAME

STREET ADDRESS

CITY, ST, ZIP

HOME PHONE

WORK PHONE

EMAIL

REASON FOR INTEREST

SUMMARIZE THE REASON WHY YOU WANT TO APPLY FOR THE TCFD FIRE CAMP

EMERGENCY CONTACT INFORMATION

NAME

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CITY, ST, ZIP

HOME PHONE

WORK PHONE

EMAIL

AGREEMENT AND SIGNATURE

BY SUBMITTING THIS APPLICATION, I AFFIRM THAT THE FACTS SET FORTH IN IT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM ACCEPTED IN THE FIRE CAMP, ANY FALSE STATEMENTS, OMISSIONS, OR OTHER MISREPRESENTATIONS MADE BY ME ON THIS APPLICATION MAY RESULT IN MY IMMEDIATE DISMISSAL.

NAME

SIGNATURE

DATE

OUR POLICY

IT IS THE POLICY OF THIS ORGANIZATION TO PROVIDE EQUAL OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL PREFERENCE, AGE, OR DISABILITY.