



# FIRE CAMP



## APPLICATION

### CONTACT INFORMATION

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NAME

STREET ADDRESS

CITY, ST, ZIP

HOME PHONE

WORK PHONE

EMAIL

### REASON FOR INTEREST

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

### EMERGENCY CONTACT INFORMATION

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NAME

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### AGREEMENT AND SIGNATURE

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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

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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.