



OREGON VOLUNTEER FIREFIGHTERS ASSOCIATION BOARD APPLICATION & CANDIDATE QUESTIONNAIRE 2010

Position applying for:

- | | | |
|--|---|---|
| <input type="checkbox"/> President | <input type="checkbox"/> 1 st Vice President | <input type="checkbox"/> 2 nd Vice President |
| <input type="checkbox"/> Secretary/Treasurer | <input type="checkbox"/> 2 year Director | <input type="checkbox"/> Ambassador |

Name: _____
Address: _____
City, State & Zip: _____
Home Phone () _____ Cell Phone: () _____
E-Mail: _____

Fire Department Name: _____
Address: _____
City, State & Zip: _____
Your Position: _____ Years of Service: _____

Does your department support your running for office? ☐ Yes ☐ No
(A letter of support from Fire Chief or Association President must be submitted with this application)

Holding an office for this organization requires many hours and weekends. Do you have the full support of your spouse and/or family? ☐ Yes ☐ No

Do you currently have any job requirements that would prevent you from attending weekend meetings when called by the President/Board of this organization? ☐ Yes ☐ No

If yes – please explain: _____

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Date: _____