

OREGON VOLUNTEER FIREFIGHTER ASSOCIATION

AMBASSADOR APPLICATION

Please print or type. Do not use initials.

The completed application must be submitted to Oregon Volunteer Firefighters Association via email: laureal@ovfa.org or mailed to 1284 Court Street, Salem, Oregon 97301. Individual applicants will not be accepted if not completed and received by deadline.

gion applying fo	or: ON VOLUM
Region 1	Region 2 Region 3
Region 4	Region 5 Region 6
Region 7	Region 8 Region 9
Name:	T UVIA
Address:	
City, State & Zi	p: EMS
Home Phone:	(Cell Phone :(
E-Mail:	CRS AS
Fire Departmen	nt Name:
Address:	
City, State & Zi	p :

What does being an Ambassado	or mean to you?
What do you hope to bring to th	ne Ambassador program <u>?</u>
	VOLI.
What are you hoping to achieve	e as an Ambassador?
0	2
Department Endorse <mark>ment:</mark>	OVFA -
[Department name] e <mark>ndors</mark> es [with Oregon Volunteer <mark>Firef</mark> igh	Name of Applicant] for the position of Ambassador ters Association.
Chief Officers Name	Position
Signature	Date / /
TE	RS ASS
Please attach a letter of recomr	mendation from Fire Chief and Association President
Signature	Date/_/



1284 Court St NE Salem, OR 97301 Phone: (503)-378-0896 Fax: (503)- 364-9919 Email: laureal@ovfa.org