



## **New York State Association of Fire Chaplains**

***The Lord is my Chief. He has chosen me to serve.***

# **DELEGATE APPLICATION**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

DELEGATE ORGANIZATION:                      New York State Association of Fire Chaplains, Inc.

FIRE DEPARTMENT/COMPANY \_\_\_\_\_

CHIEF'S SIGNATURE \_\_\_\_\_

CHIEF'S NAME PRINTED \_\_\_\_\_

### Instructions for filling out application:

1. Fill out all personal information.
2. Get signature from chief.
3. Fill out one sheet for each association or location where chaplain serves away from home department.
4. One copy of this sheet shall be given to:
  - A. File in office of Chief/President of Chaplain's home department
  - B. Fire District, Village Board or Governing Authority
  - C. Chaplain
  - D. Organization or Mutual Aid Company/Department

*This form provided as a service of the New York State Association of Fire Chaplains  
P.O. Box 241, Old Westbury NY 11568-0241*