



New York State Association of Fire Chaplains

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

MUTUAL AID APPLICATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

MUTUAL AID COMPANY:

FIRE DEPARTMENT/COMPANY _____

CHIEF'S SIGNATURE _____

CHIEF'S NAME PRINTED _____

Instructions for filling out application:

1. Fill out all personal information.
2. List department/company where chaplain will serve under mutual aid.
3. Get signature from chief.
4. Fill out one sheet for each location where chaplain serves away from home department.
5. 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. Mutual Aid Company/Department