



OHIO FEDERATION OF FIRE CHAPLAINS

PO BOX 425

CENTERBURG, OH 43011

740.627.0670

ohioffc08@yahoo.com

www.ohioffc.org

(Membership Application)

Date: _____

Date Received: _____

Name: _____

Address 1: _____

County: _____

Home: (____)-_____ Work: (____)-_____ Cell: (____)-_____

Email: _____

Spouse Name: _____

Department Served: _____

Address: _____

Department Chief: _____

Date Appointed as Chaplain: _____

Type of Department: Paid _____ Volunteer: _____

Type of Chaplaincy: _____ Full Time _____ Volunteer

_____ Part Time _____ Paid/Salary

Number of years in Ministry: _____ Total years as a Chaplain: _____

Education

College: _____ Degree received: _____

Grad. School: _____ Degree received: _____

Seminary: _____ Degree received: _____

Date of Essential in Chaplaincy (Offered by FFC): _____

___ Letter from Ecclesiastical Body of endorsement of your Chaplaincy

___ Letter from Fire/EMS Department of your endorsement to be Chaplain

NIMS: ___ 100 ___ 200 ___ 700 ___ 800

List ICISF CISM classes taken and date taken.

Also, list any other classes/training you have had as a Chaplain.

Are you: ___ Fire Fighter 1-A ___ First Responder

 ___ Fire Fighter 1 ___ EMT ___ EMT-B

 ___ Fire Fighter 2 ___ Paramedic

Membership Level:

___ Associate Member at \$25 ___ OFFC Only at \$50 ___ OFFC & FFC at \$100

{An Associate Member is one who currently is not working with a department or is retired and still would like to be affiliated with the OFFC.}

“Serving Those Who Serve”