



**OHIO FIRE CHIEFS'
ASSOCIATION**
**OHIO FIRE AND EMERGENCY
SERVICES FOUNDATION**

Thank you for your interest in chairing a committee of the Ohio Fire Chiefs' Association. Please complete the form with the requested information.

Please list any events that you have attended, held by the Ohio Fire Chiefs' Association:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Please select any OFCA committee(s) that you currently or previously have been involved in:

- | | |
|--|--|
| <input type="checkbox"/> Conference Committee | <input type="checkbox"/> Mobile Integrated Health Care Committee |
| <input type="checkbox"/> Education Committee | <input type="checkbox"/> Publications Committee |
| <input type="checkbox"/> EMS Committee | <input type="checkbox"/> Retired Chiefs' Committee |
| <input type="checkbox"/> LODD Committee | <input type="checkbox"/> Safety, Health and Wellness Committee |
| <input type="checkbox"/> Legislative Committee | <input type="checkbox"/> Scholarship Committee |
| <input type="checkbox"/> Marketing Committee | <input type="checkbox"/> Volunteer Committee |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Water Delivery TAC |
| <input type="checkbox"/> Metro Chiefs' Committee | |

Name: _____

Department: _____

Email: _____

Phone: _____