

MONTGOMERY COUNTY VOLUNTEER FIRE/RESCUE ASSOCIATION
COMMITTEE/WORKGROUP INFORMATION

Name: _____

Rank or Title: _____ Email address _____

Years of active service _____ (LFRD active standards) Contact phone # _____

LFRD (must be in good standing):

Please check committee/work group you would be interested in serving on:

EMS ___ Equipment ___ Benefits ___ Firefighting ___ Rescue ___ Communication ___ Outreach ___

Training ___ MCVFRA PAC ___ Apparatus ___ Events ___ Fair ___ Design ___ Publicity ___ Awards ___

Hospitality _____ (includes Ocean City Hospitality House needs)

Web Site ___ Senator Amoss Funds ___ Chaplains ___

Other (please specify) _____

Previous Committees served on (LFRD, MCVFRA, MSFA, IAFC, etc)

Background and Experience (work or service) that would benefit serving on this committee/work group.

Availability: _____

Additional comments:

Attach additional information as needed.

Please return the completed form to: mdgfirevol@aol.com and it will be maintained for future consideration.

Thank you,

Marcine D. Goodloe, President

Montgomery County Volunteer Fire Rescue Association