

Rhode Island Firefighters Instructors Association Application for Membership

(Please Fill in All Information Legibly)

Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address you want us to use to contact you: _____

Fire Department Affiliation: _____

Years on Department: _____ Volunteer: _____ Career: _____ Combination: _____
(Yrs.) (Yrs.) (Yrs.) (Yrs.)

Rank at time of application: _____

Are you Currently a R.I. Fire Academy Instructor? Yes: _____ No: _____

Please list / check any certification(s) you may have:

(CHECK ALL OF THE FOLLOWING THAT APPLY)

FF 1 _____		Haz-mat _____	Ops _____	T-t-T _____
FF 2 _____		Haz-mat _____	Tech _____	T-t-T _____
1002 _____	T-t-T _____	Confined Space _____		T-t-T _____
1021 _____	T-t-T _____			
1031 _____	T-t-T _____			
1041 _____	T-t-T _____			
1403 _____	T-t-T _____			
1521 _____	T-t-T _____			
EFO _____	T-t-T _____			

Other certifications you may want to list:

Signature: _____

Thank you for applying, we will notify you by e-mail if approved!

Official use only

Approved By: _____

Date: _____

Mail completed application to:

Rhode Island Firefighter Instructors Association
C/O Mark Akesson
PO Box 334
Westerly, RI 02891