



NYSAFC Endorsement Request Form

This form is to be used by an individual who seeks endorsement by the board of directors of the New York State Association of Fire Chiefs for an office or position in an affiliated fire service or EMS organization or an appointment to an official governmental position. This document shall be forwarded to NYSAFC board members to provide background information prior to the applicant addressing the board (if an appearance before the board is requested). Also provide supporting documentation regarding the desired position and a current resume with this form. An endorsement will be made at the discretion of the NYSAFC board of directors. NYSAFC does not give endorsements for publicly elected offices.

Date of Request: _____ / _____ / _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Current Position/Office: _____

Organization: _____

Office/Position You Are Seeking: _____

Organization: _____

Education: _____

Organizational affiliations: _____

Short statement on reason(s) for seeking this position: _____

Do you wish to appear before the NYSAFC board of directors?: Yes No

If yes, please provide reason for addressing the board: _____

Submit form and documentation to the NYSAFC office:

Att: Board of Directors • 1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063

Fax: (518) 477-4430 • Phone: (800) 676-3473