

The Tennessee Federation of Fire Chaplains



"Serving those who Serve"

Chaplain Paul N. Trumpore
Executive Director
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Dues
\$100.00

Membership Application

Individual Information:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____ - _____

Cellular Number: (____) _____ - _____

Pager Number: (____) _____ - _____

E-mail Address: _____ @ _____

Date of Birth: _____

Spouse's Name (if applicable): _____

College: _____ Degree: _____

Seminary: _____ Degree: _____

Graduate: _____ Degree: _____

Date of Ordination: _____

Pastorate Information:

Name: _____

Denomination: _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____ - _____

Emergency Service Agency Information:

Name: _____

Chief: _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____ - _____

Date Appointed Chaplain: _____

Type of Department: Paid _____ Volunteer _____

Type of Chaplaincy: Full Time (Salaried) _____

Volunteer _____ Part Time (Paid) _____

Applicant's Signature: _____

Please include with your application:

- ___ Letter of appointment by your agency
- ___ Letter of endorsement by ecclesiastical body
- ___ Dues of \$100.00 payable to "Tennessee Federation of Fire Chaplains"
- ___ A copy of your ordination certificate (if not ordained - please include a letter from an ordained clergyperson who will serve as your clergy supervisor. Please explain the system of supervision in your letter.)
- ___ A copy of your resume (if available) or a listing of specialized training attended.