



## Application for Service

Please type or print clearly.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer and Location of Employment: \_\_\_\_\_

Profession: \_\_\_\_\_ Title: \_\_\_\_\_

Length of Residency in Miamisburg or Miami Township: \_\_\_\_\_

I am interested in serving on one or more of the following Boards of the Miami Valley Fire District.

\_\_\_\_\_ Board of Trustees

The Miami Valley Fire District Board of Trustees oversees the operation of the fire district. The board meets on the second Thursday of the month at 8 a.m. in the Miamisburg City Council Chambers. Fire district employees and their immediate family members are not eligible for appointment.

\_\_\_\_\_ Volunteer Fire Fighters' Dependents Fund Board

The Volunteer Fire Fighters' Dependents Fund Board members oversee the annual election of members and process death and disability benefit claims for fire fighters who are killed or disabled in the line of duty or their dependents. The board meets on the first Monday of December at district headquarters at 9 p.m. Additional meetings may be called as necessary.

Civic activities/professional affiliations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience or special knowledge applicable to board functions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list references:

Name	Occupation	Relationship	Daytime Phone Number
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I verify that the information I have provided in this application to be true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return completed application and resume to: Kim Combs, City Manager's Office, City of Miamisburg, 10 North First Street, Miamisburg, OH 45342 or to [kim.combs@cityofmiamisburg.com](mailto:kim.combs@cityofmiamisburg.com)