

Dept. logo here

**Fire Department Name**

**Address**

**City, State ZIP Code**

# Date

Name

Street Address

City, State, ZIP Code

# Dear (Name),

At the regular meeting, the (department name) members approved your application for conditional membership. All required paperwork must be completed and turned in to (Recruit Coordinator Name) by (date).

Before you can begin your duties, you must complete the orientation program, which begins on (date, time) am/pm at (location). During the orientation, you will be assigned a mentor and your reporting officer. We require all members to be familiar with the department’s Constitution and By-Laws and current Best Practices.

It is your responsibility to take the initiative and stay informed of any changes by contacting your mentor and training officer.

We have an outstanding organization that strives for excellence through training and fellowship. We look forward to your participation with us. If you have questions, please contact us at (contact info).

Welcome to our (department name) Fire Department family!

Sincerely,

(signatory name)

The (department name) Fire Department Recruitment Committee