

Believe 271 Application

Information Needed:	Your Response:	
Full Name: (first, middle initial, last)		
Mailing Address: (# and street)		
City, State and Zip:		
County:		
Home Phone:	()	
Cell Phone:	()	
Birthdate: (month, day, year)		
Family Information		
Spouses Name (first, last)		
Wedding Date: (month, day, year)		
Children's Names // Under Age 18	Children's Ages / Under Age 18	
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Volunteer Fire Department or Auxiliary Information		
What Volunteer Fire Department or Auxiliary do you presently belong to? Are you a current member?		Circle One: Yes / No
How many years have you been with this Volunteer Fire Department or Auxiliary?		
What titles or positions have you held with this Volunteer Fire Department or Auxiliary?		
What other Volunteer Fire Departments or Auxiliaries have you belonged to and for how many years?		
Current Volunteer Fire Department Chiefs' Name and Phone Number (home or cell):	VFD Chief's Name:	VFD Chief's Phone Number: ()
Current Volunteer Fire Department or Auxiliary Presidents' Name and Phone Number:	VFD or Auxiliary President's Name:	VFD or Auxiliary President's Phone Number: ()
Employment Information		
Current Employer:		
Career or Job Title:		
Years with this Employer:		
Do you work full or part time?	Full Time	Part Time
Do you plan to continue to work during your treatments:	Yes	No
If retired, who did you work for? How long?		years
What was your job title(s) for this employer?		
Does your spouse work?	Yes	No

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Spouse's place of employment:		
Career or Job Title:		
Will spouse continue to work during your treatments?	Yes	No
Medical Diagnosis		
What is your medical diagnosis? If cancer, what stage are you?		
Any additional information in regards to your medical diagnosis you would like to include:		
What form of treatment(s) is planned?		
What is the frequency of treatments and for how long?		
Where will treatments take place? (hospital, city, state)		
Financial Support		
Do you have medical insurance?	Yes	No
How much will your medical insurance cover in regards to your diagnosis and treatment (approximate percentage of coverage)?		
What other sources of financial support do you have? (personal savings, benefit, donations, etc.)		
Other Supporting Evidence		
Signature from VFD Chief:		Date:
Signature from VFD or Auxiliary President:		Date:
Do Not Write Below This Line:		
Date Completed Submitted:	Other Comments or Information from Believe 271 Board of Directors or Appropriations Committee:	
Amount of Award:		
Presentation Date:		
Presentation Location:		
For answers to your questions about this application, please contact: B271 President Brian Palmer (315) 790-8038 B271 VP Brian McQueen (315) 552-8245 Floyd FD Aux. Betsy Schwertfeger (315) 725-6404	Return Completed Application To: Believe 271 Foundation @ Brian Palmer, President 8530 Old Poland Road Barneveld, New York 13304	