

Believe 271 Application & Release Form

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 McQueen (315) 552-8245 B271 VP Fred Sherman (315) 225-4201 Floyd FD Aux. Betsy Schwertfeger (315) 725-6404	Return Completed Application & Release Form To: Believe 271 Foundation @ Brian McQueen President P.O. Box 357, 9565 Main Street Holland Patent, New York 13354	

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I, _____, the undersigned applicant, understand that the information I have provided to Believe 271 as part of the attached application will be disclosed to others as part of Believe 271's internal selection of awardees.

The following specific person/class of person/facility is authorized to use or disclose information about me:

- Believe 271 Foundation: Officers, Directors and Appropriations Committee
- Appropriations Committee Members involved in selection of awardees*

* Committee Members may include individuals from local Volunteer Fire Departments or Auxiliaries acting to assist Believe 271 in its selection of awardees.

The specific information that may be disclosed includes:

Information provided on the Believe 271 Application Form and any and all supplemental materials supplied, which information may include:

- Identifying Information (including name, address, date of birth)
- Family Information
- Firematic Involvement
- Employment Information
- Medical Diagnosis and Treatment Information
- Financial Support (insurance and other)

I also understand and agree that if I am selected to receive an award from Believe 271, that my name may be disclosed and used by Believe 271 to show that donations are being allocated and also as part of its fundraising efforts to raise more donations to assist others and to carry out the mission of Believe 271.

I understand that I may revoke this authorization, at any time, by notifying Believe 271 in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I also understand that if I accept an award, that I may not revoke my authorization allowing Believe 271 to identify me by name as a recipient of such award.

I hereby authorize such uses and/ or disclosures as outlined above.

Signature of applicant or personal representative

Printed name of applicant or personal representative and his or her relationship to applicant

Date

Signature of Witness (must be over 18 years old)

Printed name of Witness

Date