

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: | Children's Ages: | |
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| Volunteer Fire Department or Auxiliary Information | | |
| What Volunteer Fire Department or Auxiliary do you presently belong to? | | |
| 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 |
| Does your spouse work? | Yes | No |
| Spouse's place of employment: | | |
| Career or Job Title: | | |
| Will spouse continue to work during your treatments? | Yes | No |
| Medical Diagnosis | | |

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| What is your medical diagnosis? | | |
| 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? | | |
| 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: |
| Other Comments or Information from Believe 271 Board of Directors | | |
| | | |
| <p>For answers to your questions about this application, please contact: Barneveld Chief Brian Healey (315) 525-1646 Barneveld Captian Brian Palmer (315) 790-8038 Floyd FD Auxiliary Pres. Betsy Schwertfeger (315) 725-6404</p> | <p><u>Return Completed Application To:</u> Barneveld Volunteer Fire Department @ Chief Brian Healey 8530 Old Poland Road Barneveld, New York 13304</p> | |