

Believe NNY Inc. 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/Rescue Squad, Junior, or Auxiliary Information		
What Volunteer Fire Department, Junior, Auxiliary or Associate member do you presently belong to?		
How many years have you been with this Volunteer Fire Department, Juniors, or Auxiliary?		
What titles or positions have you held with this Volunteer Fire Department, Junior, or Auxiliary?		
What other Volunteer Fire Departments, Juniors 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, Juniors 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:		

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Will spouse continue to work during your treatments?	Yes	No
Medical Diagnosis		
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 NNY Board of Directors		
<p>Believe NNY Committee has decided to present each individual with a choice of a hat or shirt along with the submission of this application. Please select below which you would prefer and size.</p> <p>Baseball Hat T-Shirt size: Small Medium Large XL, 2XL, 3XL</p>		
<p>For answers to your questions about this application, please contact: Founder: Dale Barker 315-405-6597 Vice President: Amy Rolley Secretary: Dennis Eickhoff Treasurer: Steven Heeren</p> <p>County Directors: Lewis: James McLane St. Law: Vincent Ferry Jefferson: Andrew Baltz Franklin: Nick Rolley Hamilton: Tony Clark</p>		<p><u>Return Completed Application To:</u></p> <p>Believe NNY c/o Dennis Eickhoff, Secretary P.O. Box 293 Colton, NY 13625 Or Email: believeenny@gmail.com</p>