

# Information Form for Benevolent Fund Assistance



<b>Applicant Name or Individual Requiring Funds</b>				
<b>Mailing Address – Street, City, Postal Code</b>				
<b>Home Tel</b>	<b>Mobile</b>		<b>Other Phone</b>	
<b>Primary E-mail address</b>				
<b>Name of member or former member for which application is being made</b>				
<b>Members Date of Birth DD/MM/YY</b>				
<b>Please indicate requested amount and if known brief description of fund usage.</b>				
<b>Have you made a previous application for assistance from this Benevolent Fund? If so, please provide basic particulars</b>				
<b>What agency/charity/allied service/organization are the funds be requested for, if known?</b>				
<b>Incident Type</b>	Death <input type="checkbox"/>	Catastrophic Injury <input type="checkbox"/>	Catastrophic Injury <input type="checkbox"/>	Other <input type="checkbox"/> _____
<b>Is this a Line of Duty Incident?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	To Be Determined <input type="checkbox"/>	Unknown <input type="checkbox"/>
<b>Indicate Incident Date</b>				
<b>Is family of the individual requiring funds willing to accept PPBF disbursement?</b> Yes <input type="checkbox"/>	No, Requested Redirect to Charity/Other <input type="checkbox"/> Offered/Declined <input type="checkbox"/>		Not Applicable <input type="checkbox"/> To Be Determined/Pending Decision <input type="checkbox"/>	
<b>Are you the individual who completed this form? Yes <input type="checkbox"/> No <input type="checkbox"/></b> <b>If the answer is no, please provide name, address, telephone number including relationship to applicant.</b>				
<b>Declaration</b> I declare that the foregoing statements made by me are correct to the best of my knowledge and I undertake to inform the Peel Paramedic Benevolent Fund immediately of any changes in these circumstances. I authorise The Benevolent Fund and anyone properly instructed on its behalf to make any enquiries deemed necessary by it in support of my application. I consent to the reasonable disclosure of any information provided by me to other charities and/or parties who may be contacted in the course of such enquiries. I understand that this process may include enquiries of, and disclosure of, information to any relevant medical expert or doctor, my general practitioner, any referee indicated on this form and any individual or body that can verify the financial information provided by me in this form. I consent to this. I understand that this information will be retained and processed for the purposes of this and any future applications made to The Benevolent Fund and any related PPBF membership issues. I consent to this.				
<b>Applicant Signature</b>	DATE DD/MM/YY			
<b>Internal Use</b>				
Received by Name/Signature	DD/MM/YY		Cheque #	
PPBF Board Member Signature #1	DD/MM/YY		Notes	
PPBF Board Member Signature #2	DD/MM/YY			