Information Form for Benevolent Fund Assistance



Applicant Name or Individual Requiring Funds									
Mailing Address – Street, City, Postal Code									
Home Tel			Mobile			Other Phone			
Primary E-mail address									
Name of member or former member for which application is being made									
Members Date of Birth DD/MM/YY									
Please indicate requested amount and if known brief description of fund usage.									
Have you made a previous application for assistance from this Benevolent Fund? If so, please provide basic particulars									
What agency/charity/allied service/organization are the funds be requested for, if known?									
Incident Type	Death □		Catastrophic Injury□]	Catastrophi	ic Injury□	Other□	Other	
Is this a Line of Duty Inci	dent?	Yes□	No□	То Ве	Determined		Unknown□		
Indicate Incident Date									
Is family of the individual requiring fund willing to accept PPBF disbursement? Yes□			No, Requested Redirect to Charity/Other Offered/Declined		Not Applicable ☐ To Be Determined/Pending Decision ☐				
Are you the individual who completed this form? Yes \(\subseteq No \subseteq \) If the answer is no, please provide name, address, telephone number including relationship to applicant.									
Declaration 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.									
Applicant Signature			DATE DD/MM/YY						
Internal Use									
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						