

**APPLICATION
and
CONSENT & RELEASE FORM**

Applicant's Name _____

Date of Birth _____ Applicant's Age _____

Social Security # _____ Gender Male _____ Female _____ (check one)

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Information

(If you are the Parent or Guardian of the Applicant or if the following information pertains to the Applicant, please answer the following.)

Parent/Guardian Name _____
(If Applicant is a Child)

Home Phone (____)-____-____ Work Phone (____)-____-____

Email address _____

Place of Employment _____

Position Held _____ Work Hours _____

May we call you at work? YES NO (Check one)

If YES What is the best time? AM NO

I agree to notify Firefighters Burn Fund, Inc. immediately of any changes in my home and/or work address and/or phone numbers. YES NO

The following information is required from the applicant; or if the applicant is a child, from the parent or guardian.

Applicants Physician _____
(name of primary care physician)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Describe the nature of applicants burns.

Have you received financial assistance from any other organization or group? YES NO

THE UNDERSIGNED HEREBY AGREES to indemnify and hold harmless Firefighters Burn Fund, Inc. and its officers, agents, employees and volunteers for and against all demands, claims, actions, suits, damages, costs and expenses including legal costs and attorney fees arising out of or resulting from the use and dissemination of the information supplied and the help requested and/or granted. By my signature I understand and agree that applicants likeness and the information contained herein may be used by Firefighters Burn Fund, Inc.

Signature _____ Date _____

Printed Name _____