



## APPLICATION FOR WGFR AID

- WEST GEORGIA FIRST RESPONDERS -

Please answer all of the following questions to determine your (or your entity's) qualification for aid. Only complete applications will be processed for consideration. Please enter "N/A" in the space provided for any questions that do not pertain to your specific situation.

### INDIVIDUAL, INSTITUTION, OR AGENCY INFORMATION

**Note:** If the individual below is a minor or requires the consent of a power of attorney, please include the guardian, beneficiary, or PoA name as well. For example, "Smith, John A for Smith, John B Jr."

Name (Last, First, Middle)			
Name (Institution or Agency)			
Address (Street, Unit)			
Address (City, State, Zip)			
Phone Number			
Email Address			
First Responder Category (Circle or Check One)	DISPATCHER	LAW ENFORCEMENT	CORRECTIONS
	EMS	FIRE DEPT.	SECURITY
	MILITARY	UTILITY	* OTHER
* If Other, Explain			
Active or Retired			

