

APPLICATION FOR WGFR AID

- WEST GEORGIA FIRST RESPONDERS -

Please answer <u>all</u> 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 concent 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 | | | |

PRIMARY CONTACT INFORMATION

| Name (Last, First, Middle) | |
|----------------------------|--|
| Address (Street, Unit) | |
| Address (City, State, Zip) | |
| Phone Number | |
| Email Address | |

Please write below, in detail, the request for aid that pertains to your situation so that it can be thoroughly evaluated and a clear determination can be made on whether to distribute WGFR funds for your cause. Attach any additional pages as needed.

| Print Name | Signature | Date |
|---|-----------|--|
| Return Application by Email: contactus@westgafirst.org | | Return Application by Mail: West Georgia First Responders P.O. BOX 891 Carrollton, GA 30112 |