

Band of Helping Hands Application

Please fill in the following information regarding the applicant:

Name : _____ D.O.B. _____

Address: _____ Phone #: _____

Tell us a little about applicant and his/her background:

Please fill in the following information regarding the activity or need that is being applied for:

Activity / need being applied for: _____

How will applicant benefit?

Date of Activity: _____ Will applicant have reliable transportation? _____

Please list any reason applicant might not be able to attend the activity?

Estimated cost: \$ _____ Amount applicant can contribute towards cost: \$ _____

Have scholarships or reduced costs been attempted? (Please provide details)

Will company offer refund if applicant does not attend activity that has been paid for? _____

Name of company / agency, address and phone number:

Make check payable to: _____ Check one: Mail payment directly

Pick payment up

***Please note that payment will be made out to company that is providing the need / activity. We will not make payments out directly to the individual.**

Referral Source: _____

***Please note that only 1 application per individual will be approved per quarter.**

Please fill in the following video / photo release:

I, _____ (please print), grant permission to the Band of Helping Hands, and its agents and employees, the irrevocable and unrestricted right to reproduce the photographs and/or video images taken of me, or members of my family, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release the Band of Helping Hands and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during an interview or guest lecture, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

I acknowledge that I am: over the age of 18

OR

the legal guardian of the following (list names):

Signature: _____ Date: _____

Additional Comments:

The following section to be filled out by BOHH administrators or board members after review of application:

Approved or Denied: _____

Approved by: _____

If denied, why? _____

Date: _____