



NELSON FRIENDS OF THE FAMILY FOUNDATION (NFOF)  
**APPLICATION FOR ASSISTANCE**

**CLIENT INFORMATION**

<b>NAME OF CHILD</b>	<b>CHILD'S DATE OF BIRTH</b>
<b>PARENT/GUARDIAN</b> (full name)	<b>PHONE #</b> <b>EMAIL</b>
<b>MAILING ADDRESS</b>	
<b>PARENT/GUARDIAN</b> (full name)	<b>PHONE #</b> <b>EMAIL</b>
<b>MAILING ADDRESS</b> (if different)	
<b>APPLICANT'S NAME</b> (if not parent)	<b>CONTACT INFO</b>
<b>LOCAL REFERRING DOCTOR</b>	
<b>TRAVEL REQUIREMENTS</b>	
<b>REASON FOR TRAVEL</b> (describe briefly)	<b>REQUIRE FINANCIAL ASSISTANCE WITH</b> <input type="checkbox"/> Accommodation <input type="checkbox"/> Travel <input type="checkbox"/> Food <input type="checkbox"/> Other _____  <b>ESTIMATED COSTS</b> (if known)  <b>\$</b> _____
<b>DESTINATION</b> (hospital/city)	<b>TRAVEL DATES</b> (if known)
<b>TRAVEL PARTY</b> (full names and relationship to child)	

**Nelson Friends of the Family**

Box B - 518 Lake St., Nelson BC, V1L 4C6 • 250-551-5905 • hello@nelsonfriendsofthefamily.ca  
 www.nelsonfriendsofthefamily.ca



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**APPLICATION FOR ASSISTANCE**

**AGREEMENTS**

*All information given in this application will be kept confidential and on file. The release of any information shall occur only with parent/guardian permission, and only for reasons necessary to maintain support.*

**PERMISSION** (required to complete this application)

*As the parent/guardian of this child, I give my permission to NFOF to contact the referring doctor, for the purpose of travel confirmation.*

**PARENT/GUARDIAN NAME** (please print)

**PARENT/GUARDIAN SIGNATURE** (required)

**DATE**

X \_\_\_\_\_

\_\_\_\_\_

**RELEASE OF INFORMATION CONSENT**

(This section is optional. **NOT** required to complete this application)

*As the parent/guardian of this child, I give my permission to NFOF to release my name, my child's name, and our contact information to the media for the purpose of raising awareness of our situation and to ask for financial assistance from potential donors.*

*Any specific information I do not wish to be shared, I have indicated here:*

\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE**

**DATE**

X \_\_\_\_\_

\_\_\_\_\_

*Our family would like to be notified by email if a volunteer opportunity arises to assist with Nelson Friends of the Family Foundation fundraising efforts*    **YES**    **NO**

**FUNDRAISING THROUGH NFOF**

*Prior to hosting a fundraiser using the NFOF name or logo, the organizer must contact NFOF Administrator for permission. Guidelines can be found on the NFOF website*

**FOR OFFICE USE ONLY**

Event Organizer's Name:

Guidelines Provided (date):

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