



# First Responder Information Form

Folds of Honor  
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## **INSTRUCTIONS:**

**Step 1:** Take this form to a representative of the First Responder's local agency who is authorized to provide the information below.

**Step 2:** Agency should complete Section 2 of this form. An agency representative signature is required. (Do not mail completed form to FoH.)

**Step 3:** Scan completed document as a PDF and upload it in the the FoH portal/section.

## **SECTION 1: First Responder Information**

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Agency: \_\_\_\_\_

*\*I grant permission to the agency above to complete this form with the required information.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship of requestor to First Responder: \_\_\_\_\_

*All items in this section must be completed by the First Responder agency*

## **SECTION 2: First Responder Service Information**

*\*Forms that are incomplete or missing an authorized signature cannot be accepted.*

Agency: \_\_\_\_\_

Rank/Title: \_\_\_\_\_

Unit (if applicable): \_\_\_\_\_

Dates of Assignment: \_\_\_\_\_

Date & Nature of Injury: \_\_\_\_\_

Last Date

Employed: \_\_\_\_\_

First Responder  
no longer able to  
execute duties of  
their role?                      Yes      No

End of Watch Date (if applicable): \_\_\_\_\_

Total Years of Service with Agency: \_\_\_\_\_

Print Name of Agency Rep:		Title:
Date Completed:	Rep Email:	
Signature of Agency Rep:		

*By signature, I declare under penalty of perjury that all information provided herein is true and correct.*

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