



# FASNY HELP

## Volunteer Service Signature Form

If accepted into the FASNY Higher Education Learning Plan, I agree to the following:

- As a Student-Volunteer, **I agree** to fulfill a service obligation as outlined in the Handbook. **I acknowledge** that I will be required to reimburse FASNY for any and all funds received under FASNY HELP in the event that I do not fulfill my volunteer service commitment;
- **I fully acknowledge and agree** to fulfill my volunteer fire department's activity and training requirements prior to, during, and following my course of study through the end of my service obligation;
- In conjunction with my volunteer fire department, **I will establish** a plan for achieving success under FASNY HELP by balancing my commitments at home, work, school and my fire department.
- **I authorize my college** to release my financial aid history (specifically, the US Dept. of Education's National Student Loan Data System), academic records and financial aid status to the Firefighters Association of the State of New York while I am subject to the conditions of the FASNY HELP.

\_\_\_\_\_ deposits and says that:  
(Print Name of Student-Volunteer)

I am a member of the \_\_\_\_\_.  
(Name of volunteer fire department)

I certify that I have complied, in good faith, with the requirements of the Higher Education Learning Plan (HELP) as contained in the FASNY HELP Handbook. I authorize the Firefighters Association of the State of New York to make any and all inquiries to any New York State chartered college and volunteer fire department, on my behalf, concerning my past, present and future status.

I declare that all information submitted to FASNY is true and accurate.

\_\_\_\_\_  
Signature of Student-Volunteer (or Parent if under 18)

\_\_\_\_\_  
Date

Witnessed and certified before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Witness Print Name and Signature (CANNOT BE THE DEPARTMENT CHIEF)

I \_\_\_\_\_, Chief of the \_\_\_\_\_ FD  
due hereby affirm and acknowledge that the above student is a member in good standing within this fire district /  
volunteer fire department. I acknowledge that this volunteer fire department will play an active role in meeting the total  
needs of the Student-Volunteer.

Further, this volunteer fire department will provide the Firefighters Association of the State of New York with all  
requested items as listed in the FASNY HELP Handbook.

\_\_\_\_\_  
Chief of the Department

\_\_\_\_\_  
Date

Witnessed and certified before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
*Witness Print Name and Signature (CANNOT BE THE STUDENT-VOLUNTEER)*