

LAW ENFORCEMENT CANCER SUPPORT

SUPPORT APPLICATION



Thanks for taking the time to reach out for support. We too have faced a similar journey. Whatever type, stage and cancer treatment you are facing, we will match you with one of our law enforcement cancer support team members who have walked in your shoes. If you also feel your family can benefit from our support, we have a contingent of law enforcement cancer survivor family members that can assist with spouses, children and friends. Complete this support application and submit it to our wellness coordinator at wellnesscoordinator@lecsf.net or fax it to:

The Law Enforcement Cancer Support Team

Phone: 888.456.5327

Fax: 949.258.5277

PERSONAL INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Mobile Phone	Work phone	Desired Position	
Current Employer			
Responsibilities			
Are you facing a cancer diagnosis? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please advise stage, type, and current or proposed treatment.			

SPECIAL INTERESTS & HOBBIES

What are your hobbies?
Provide any additional information you feel would be pertinent to your application

EMERGENCY CONTACTS	
Name	Phone ()
Address	Relationship
Name	Phone ()
Address	Supervisor

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my support application may lead to me not being matched with one of our law enforcement cancer support team members for support.</p> <p>By submitting this application electronically to the Law Enforcement Cancer Support Foundation without an original signature I understand that this document is a legal document.</p>	
Signature	Date