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**Fundraising Activity Application Form**

Thank you for choosing to help the Emergency Services Foundation. The funds you raise will play a vital role in advancing how we prevent, promote and address mental health and wellbeing across the Victorian emergency services sector. Please read the ESF Fundraising Guidelines before completing and submitting this form to tell us of your plans. You must wait until this application is approved before you begin to publicise, fundraise or hold your planned activity.

**ABOUT YOU**

First name:

Last name:

Email address:

Date of birth:

Street address:

Town/City:

State:

Postcode:

Phone:

Email:

Why do you want to fundraise for the ESF?

**ABOUT YOUR ACTIVITY**

Activity name:

Start date:

Duration:

Will you hold your activity or fundraise outside of Victoria?

* + Yes
	+ No

Describe the proposed activity

What motivated you to support ESF?

How did you hear about ESF?

* Word of mouth
* ESF website
* I have previously fundraised for ESF
* At an ESF event
* Via social media
* Other (tell us more)

Is this an ongoing event?

* Yes
* No

**ACTIVITY DETAILS**

**Raffles and Actions**

If you are planning a raffle or auction do you have the relevant Victorian Commission for Gambling Regulation approval?

* + Yes
	+ No

**How will the proceeds be allocated to ESF?**

* + 100% revenue
	+ Income less expenses

**Describe how funds will be raised**

**Income** (As a guide, your projected income should be at least twice as great as projected expenses.)

Please provide an estimate.

*Income*

Donations $

Ticket sales $

Sponsorship $

Auction $

Raffle $

Other $

Total income $

**TERMS & CONDITIONS**

**Do you agree to the following statements?** (Please strike out words as appropriate)

I/We agree to submit all funds raised to the Emergency Services foundation within 30 days of the activity

I/We have read the Emergency Service Foundations Fundraising Guidelines and agree to abide by them at all times

I/We agree not to use the Emergency Services Foundation name or logo without the appropriate authority

I/We agree to speak to the Emergence Services Foundation prior to undertaking any media activity for this activity

I/We agree not to accept sponsorship, donations or in-kind support from tobacco or alcohol companies

I/We agree to contact the Emergency Services Foundation before approaching organisations for sponsorship

I/We agree to not be involved in illegal activity, violence, aggression, or undue risk taking

I/We indemnify the Emergency Services Foundation from liability incurred as a result of a claim arising out of an incident in relation to an activity conducted by me/us

I/We agree to obtain approval from the Emergency Services Foundation prior to referencing or using the name or logo of the ESF in any way?

**Public liability**

Do you have public liability insurance?

* + Yes
	+ No

**Declaration**

I declare that all details on this form are correct to the best of my knowledge

* + Signature:
	+ Date:

**Please return to** **jdavis@esf.com.au**

**A decision will be made, and you will be notified in writing within seven days of receiving this application, whether you can proceed with this fundraising activity.**