THE PRESTON HEINBIGNER MEMORIAL FUND

APPLICATION FORM

Consent & Confidentiality Acknowledgement

I understand that my application will be reviewed confidentially by the selection committee. I consent to the use of anonymized feedback for the purpose of program improvement or future fundraising, and I recognize that participation is voluntary. I acknowledge that I am responsible for my own travel and accommodations and for paying the 14% deductible upon selection.

Applicant Name: _____ Signature: _____

Date: _____

Introduction & Purpose

In April 2024, Winnipeg Firefighter **Preston Heinbigner** tragically lost his life to suicide after silently battling undiagnosed PTSD. Preston was known for his compassion, dedication and the unwavering care he showed to those around him. His death was a profound loss, not only to his loved ones, but to the entire firefighting community.

In his memory, the **Preston Heinbigner Memorial Fund** was established to promote mental wellness, reduce stigma, and create access to meaningful supports for first responders. Hanks to the outpouring of generosity from friends, family, and the broader community, this fund will be used to sponsor **firefighters from Manitoba** to attend the **BC Firefighter Resiliency Program.**

This program offers a trauma-informed, evidence-based approach to healing the emotional and psychological wounds that can come from years of service. We believe that by sending individuals to this program, we are not only investing in their personal well-being, but also planting seeds of change within our fire halls and culture.

Our goals are to:

Provide meaningful support to firefighters who are experiencing the effects of cumulative trauma or occupational stress injuries.

- Ensure participants have **wraparound care** upon return, creating space for long-term healing and growth.
- Help reduce the stigma around seeking help and show that asking for support is a sign of strength – not weakness.
- Honor Preson's memory by taking action that may prevent another loss

We encourage you to apply if you feel this opportunity could make a difference in your life. Each application will be reviewed with care and confidentiality. This isn't just a program – it's part of a movement toward a healthier, more supporting fire service.

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Section 0.0 – Program Readiness

- What do you hope to gain or change by attending this program?

- Are there any barriers (emotional, logistical, or other) you foresee in attending?

- How would you feel about sharing your experience with your team or peers (formally or informally) after the program?

  ☐ Comfortable

  ☐ Unsure

  ☐ Prefer not to say

Section 0.1 – Program Expectations

- I understand that this is a full-time, immersive program and I am expected to attend all scheduled sessions unless medically excused.

  ☐ Yes

- I am willing to engage fully in the content, participate in group and individual activities, and approach the experience with openness.

  ☐ Yes

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Section 1 – Applicant Information

- Full Name: _____
- Date of Birth: _____
- Phone Number: _____
- Email Address: _____
- Mailing Address: _____

_____

_____

Section 2 – Service Information

- Are you currently a serving firefighter?

☐ Yes

☐ No

☐ Retired as of: _____

- Current or most recent fire hall/station:

- Total years of service (if known)

- Do you believe you have experienced chronic occupational exposure (e.g. cumulative trauma over time)?

☐ Yes

☐ No

☐ Prefer not to say

Please Briefly Describe (optional):

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Section 4 – Mental Health Support

- Have you accessed any of the following mental health supports? (check all that apply)

☐ Behavioral Health Unit

☐ Peer Support Programs

☐ Therapy/Counseling

☐ Other

- Do you have a care or support plan in place for after the program?

☐ Yes

☐ No

☐ In progress

Section 5 – Required Attachments

Please ensure your application has the following:

☐ A recommendation letter from your primary care provider

☐ Confirmation of care/support plan

☐ Optional: A personal statement (Max 300 words)

Optional: if you'd like help writing your personal statement, you may choose to respond to the following prompts. You do not need to answer all of them.

- *Why are you applying for this program?*
- *What do you hope to get out of this experience?*
- *How has firefighting affected your mental health or well-being?*

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Section 6 – Declaration

I understand that:

- I am responsible for paying a 14% deductible ($750) towards the program cost.
- Travel and accommodations outside of the program dates are not covered.
- All information submitted will be kept confidential and used only for selection.

Signature: _____

Date: _____

PLEASE SUBMIT COMPLETED APPLICATIONS TO: phmemorialfund@gmail.com