NVFC Volunteer Firefighter Support Fund
Individual Assistance Application

The National Volunteer Fire Council (NVFC) has established the NVFC Volunteer Firefighter Support Fund to assist active volunteer firefighters, rescue workers, and EMS personnel whose home/housing has been impacted by a state- or federally-declared disaster or fire. Individual stipends of up to $350 are awarded to eligible applicants to assist in meeting essential needs in the wake of a disaster or fire, as funds allow. In order to qualify, individuals must:

- Be from an NVFC member state as an individual or department member of the state association, or an NVFC member
- Be an active volunteer firefighter, rescue worker, or EMS provider
- Live (have your primary residence) in a state- or federally-declared disaster area or have suffered home damage due to fire
- Have incurred an uninsurable loss in excess of $5,000 (only applies to the state- or federally-declared disaster, not to the personal fire loss).
- Applications must be received by the NVFC within 60 days after the incident occurred.

All applications are reviewed by the NVFC Director from the applicant’s state fire association. The NVFC may also contact your department’s chief for approval of the application.

- In the instance of a home fire, the applicant must certify that there were no intentional acts of arson or fraud and that there were working smoke alarms in the residence placed according to code.

If it is determined that there was impropriety, fraud, or arson, or that any information submitted on the application is intentionally false or misleading, the NVFC reserves the right to seek the return of the stipend.

Applications for assistance can be submitted via mail, email, or fax to the contact information above.

Applicant Name: ______________________________________________________________________
Permanent Address: ___________________________________________________________________
City, State Zip: _______________________________________________________________________
Phone Number: ________________________________     Email: _______________________________
Name of Fire/EMS/Rescue Department: ___________________________________________________
Title in the Department: _______________________________________________________________
Are you an active volunteer firefighter, rescue worker, or EMS provider? Yes ☐ No ☐
Do you live or have housing in a state- or federally-declared disaster area or suffer home damage due to fire? Yes ☐ No ☐

For loss from a state- or federally-declared disaster only: Did you incur an uninsurable loss in excess of $5,000? Yes ☐ No ☐

For loss from a home fire only: I certify that there were no intentional acts of arson or fraud and that there were working smoke alarms in the residence placed according to code. Yes ☐ No ☐

Are you from an NVFC member state as an individual or department member of the state association, or an NVFC member? Yes ☐ No ☐

Please provide a brief description of how the disaster impacted you:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Date of incident: ________________________________________________________________

Address and phone number where you can be reached and check should be mailed (if different from above):
_____________________________________________________________________________________
_____________________________________________________________________________________

Fire Chief’s Name – please note your chief may be contacted by the NVFC for application approval:
_____________________________________________________________________________________

Fire Chief’s Email: ________________________________

Fire Chief’s Phone Number: ________________________________

Approved applicants also receive a complimentary 1-year Individual Membership in the NVFC if you are not already an NVFC member. To take advantage of this offer, you do not need to do anything.

My signature certifies that all information is true to the best of my knowledge.

__________________________ Date __________
Applicant’s Signature

For NVFC staff use only

☐ Approved Date _______________

☐ Not Approved Date _______________

If Not Approved, Reason: __________________________________________________________________________