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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. Individual stipends of up to \$250 are awarded to eligible applicants to assist in meeting essential needs in the wake of a disaster, 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 (or have housing) in a state- or federally-declared disaster area
- Have incurred an uninsurable loss in excess of \$5,000
- 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 and also require approval (by signature) of the chief of the department. Applications for assistance can be submitted via mail, email, or fax to the contact information above.

Applicant Name: _____

Permanent Address: _____

City, State, Zip: _____

Phone: _____ 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? Yes No

In this disaster, did you incur an uninsurable loss in excess of \$5,000? 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 the disaster that impacted you:

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

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.

Applicant's Signature

Date

I certify that this applicant is actively involved in our department and that all other information presented is true and correct.

Chief of Department's Signature

Date

Chief's Phone Number and Email

NVFC State Director Signature

Date

For NVFC staff use only

Approved Date _____

Not Approved Date _____

If Not Approved, Reason: _____
