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 $350 are awarded to eligible applicants to assist in meeting essential needs in the wake of a disaster or fire, as funds allow. The NVFC has temporarily expanded the eligibility to those who have suffered a loss of wages as a result of COVID-19. 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, or have incurred loss of wages in excess of $500 as a result of COVID-19
  - 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.
- 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 or loss of wages due to COVID-19).
- The application for assistance must be received by the NVFC within 60 days of when the incident or loss of wages 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.

*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 ☐

Have you incurred a loss of wages in excess of $500 as a result of COVID-19? 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 or the circumstances of this request for assistance:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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.

____________________________________________________________________________________
Applicant’s Signature Date

For NVFC staff use only
☐ Approved Date ________________
☐ Not Approved Date ________________
   If Not Approved, Reason: __________________________
