



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS **FOUNDATION**

BURN FUND ASSISTANCE APPLICATION

IAFF Burn Fund Assistance is awarded for the purpose of providing financial assistance for temporary emergency expenses for IAFF members and/or a member of their immediate family (spouse or children) who suffers a burn injury that requires *admission to a burn center. The assistance is determined by the Chair of the IAFF Foundation.

* Admission is considered greater than 24 hours

PERSONAL INFORMATION

IAFF Local Number: _____ IAFF Membership Number: _____

Name: _____
Last First M.I.

Address: _____
Number and Street Apt/Unit #

City State ZIP

Phone: _____ Alternate Phone: _____

Email Address: _____

INFORMATION FOR THE INJURED IF NOT THE MEMBER

Relationship to the member: _____

Name: _____
Last First M.I.

Address: _____
Number and Street Apt/Unit #

City State ZIP

Phone: _____ Alternate Phone: _____

Email Address: _____

Upon receipt of the completed application; and after verification of the member's need, the IAFF will issue a check which will be disbursed in the most direct and expeditious manner taking into account the instructions of the individual member and the IAFF Local Union President.

DIRECT DEPOSIT INFORMATION

Bank Name

Account Number Routing Number

A member is only eligible for assistance if he/she or a member of their immediate family (spouse or child) suffered a burn injury that required *admission to a burn center. The member must provide evidence of the need for assistance (e.g., description of injury and injured party), details on anticipated expenses for which the member needs assistance (e.g., travel and lodging for the closest burn center), and/or receipts for expenses already incurred.

Any disbursement from the fund shall only be made to current IAFF members if he/she or a member of their immediate family (spouse or child) suffered a burn injury that required admission to a burn center, resulting in financial hardship. Disbursements shall only be granted for the immediate family for travel, housing, food, and other similar assistance as deemed appropriate. Funds are NOT awarded for minor injuries that do not require *admission to a burn center.

DESCRIPTION OF INJURY AND FINANCIAL HARDSHIP

LOCAL AFFILIATE INFORMATION

Name: _____
Last First M.I.

President's Name: _____
Last First M.I.

Address: _____
Number and Street Apt/Unit #
_____ City State ZIP

Phone: _____ Alternate Phone: _____

Email Address: _____

OFFICER RESPONSIBILITY BELOW THIS LINE



LOCAL PRESIDENT (OR IAFF DVP) VERIFICATION AND APPROVAL

President/DVP Name: _____ President/DVP Phone Number: _____

As the president/officer of the IAFF Local (or the applicable IAFF District Vice President) to which the above applicant is a member in good standing, I verify the accuracy of the member's claim for IAFF Burn Fund financial assistance, the member's banking information as required by IAFF policy, and request that the funds are awarded as requested above.

- SENT TO ME, AND I WILL PRESENT TO MEMBER.
- SENT TO OR DEPOSITED IN MY MEMBER'S BANKING ACCOUNT (WHEN INFORMATION PROVIDED)

Print Name and Check Box Above if Approved

All applications for assistance must be submitted within 14 days from the date of the injury using the IAFF Burn Fund Assistance Application Form. All applications shall be submitted through the IAFF member's Local Affiliate President. The IAFF Local Affiliate President shall verify the accuracy for the member's claim for Burn Fund financial assistance.

All applications for Burn Fund financial assistance shall be sent to the IAFF District Vice President where the member is affiliated or directly to:

Chairman
IAFF Burn Fund
c/o Division of Occupational Health, Safety and Medicine, International Association of Fire Fighters
1750 New York Avenue NW
Washington, DC 20006

This form, as well as supporting documentation (e.g., receipts) can be sent via email to burnfoundation@iaff.org.