



VOLUNTEER FIREFIGHTERS' ASSOCIATION OF B.C.
PO Box 1284, Oliver, BC V0H 1T5

Volunteer Firefighters' Foundation Fund
Confidential Application Form

Date Submitted: _____

1. Applicant Information

Full Name: _____

Department / Association Affiliation: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Referring Departmental Chief Fire Officer Name: _____

Referring Departmental Chief Fire Officer Email: _____

VFABC Membership Status:

Current Member in Good Standing

Other: _____

2. Type of Request

Please select the circumstance for which assistance is requested:

Critical Illness / Injury (Self)

Critical Illness / Injury (Immediate Family)

Bereavement

Is immediate assistance required?

Yes

No

If yes, please explain:



VOLUNTEER FIREFIGHTERS' ASSOCIATION OF B.C.
PO Box 1284, Oliver, BC V0H 1T5

3. Summary of Circumstances

Please briefly describe the situation and how it has created financial hardship.

4. Requested Assistance

- Emergency Financial Support
- Travel Assistance
- Accommodation Assistance
- Grocery / Fuel Assistance
- Reimbursement of Expense
- Other: _____

Amount Requested (if known): \$ _____

5. Supporting Information

Please attach any supporting documentation if available (**optional unless requested**):

- Receipts
 - Medical Travel Confirmation
 - Funeral Notice
 - Letter of Support
 - Other: _____
-

6. Declaration

I certify that the information provided is true and accurate to the best of my knowledge and that this request is made in good faith.

Applicant Signature: _____ **Date:** _____

Referring Chief Fire Officer Signature: _____ **Date:** _____



VOLUNTEER FIREFIGHTERS' ASSOCIATION OF B.C.

PO Box 1284, Oliver, BC V0H 1T5

7. Privacy Notice

All applications will be handled in confidence and reviewed only by authorized representatives of the Volunteer Firefighters Foundation Fund.

8. Submission Information

Completed applications are to be submitted to the Association via:

Email:

executivedirector@vfabcc.ca

Mail:

Attn: Executive Director

PO Box 1284

Oliver, BC V0H 1T0

Phone: (250) 498-9992

In the absence of a Referring Departmental Chief Fire Officer, the local area Director may be used.