

DESCRIPTION OF INJURY AND FINANCIAL HARDSHIP

LOCAL AFFILIATE INFORMATION

IAFF Local Number: _____

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 and I request that the funds are:

- 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 of 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 e-mail to burnfoundation@iaff.org.