

NFPA 1582 Medical Scholarship Application

FEMA SAFER Program



Fire Chief Information:

Full Name of Fire Chief (Please Print) _____

Department: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Fire Chief Email Address: _____

Fire Chief Phone Number: _____

Number of Active Volunteers in Your Department: _____

Volunteer Firefighter Information:

First Name: _____ Last Name: _____

Fire College Student ID Number: _____

Phone Number: _____ Email: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Gender: _____ Date of request: _____

Race: _____ U.S. Veteran since 9/11/2001: Yes or No

Please complete these forms and return them to:

Fax: 877-468-7309; or

Scan & email: staff@nwflvolunteerffweekend.com



NFPA 1582 Medical Scholarship Application



The Council was awarded a SAFER grant in July 2017 to assist Florida volunteer/combination fire departments in recruiting new volunteers and assisting them in obtain their Firefighter I training. The SAFER grant provides reimbursement for the cost up to \$150 for a NFPA 1582 Medical examination to the new recruit. As a special condition to the award of the reimbursement which is funded by a FEMA SAFER Grant, the participants must agree to and understand the following stipulations:

- Reimbursement is only for newly recruited (after 8/17/2017) volunteer members;
- Provide a copy of the paid invoice or receipt for the NFPA 1582 Medical Exam in accordance with the medical exam form listed in the *Guidelines for Firefighter I Part I Certificate of Completion Program* dated after 8/17/2017;
- The newly recruited member(s) must complete the Firefighter Part I training as per FAC 69A-37 by the end of the Period of Performance. Volunteer Firefighter Certificate of Completion from Florida Division of State Fire Marshal Bureau of Fire Standards and Training (Florida State Fire College) will be required prior to award. Copy of this certificate is required for reimbursement.

The following guidelines must be adhered to by all participants:

1. Provide proof of membership to a Florida volunteer or combination fire department starting after 8/17/2017.
2. Newly recruited volunteers must be at least 18 years old by the time of enrollment into the Firefighter I program.
3. Applicant's Fire Chief must complete and submit the Financial Needs Statement if the medical examination was funded by the fire department. Financial Need Statement is not required if medical examination was paid for by the applicant.
4. Applications must meet all of the guidelines to be considered for an award.

NFPA 1582 Medical Examination paid for by: ___ Applicant ___ Fire Department

By signing below, I confirm that the volunteer listed above is a NEW RECRUIT to the department, and is meeting minimum standards for my department and the State of Florida.

Signature of Applicant: _____ Date: _____

Signature of Fire Chief: _____ Date: _____



**NORTHWEST FLORIDA VOLUNTEER FIREFIGHTER WEEKEND COUNCIL, INC.
FEMA SAFER NFPA 1582 MEDICAL SCHOLARSHIP
STATEMENT OF FINANCIAL NEED**

TO BE COMPLETED BY THE FIRE CHIEF:

Fire Department:		
Fire Chief Name (Please Print):	Email:	
Address:	City:	Zip:
Phone:	Fax:	

STATEMENT OF FINANCIAL NEED:

Describe your financial distress, including budget constraints; describe what attempts have been made to secure funding elsewhere; why financial distress is out of your control; and why your local budget cannot cover the cost of the NFPA 1582 medical exam for the newly recruited firefighter. (Attached additional pages if necessary)

3 yr Average Annual Dept Budget:	3 yr Average Funds Budgeted for Operating Expenses:	3 yr Average Funds Budgeted for Training:
Current Annual Department Budget:	Current Funds Budgeted for Operating Expenses:	Current Funds Budgeted for Training:
Current Funds Budgeted for Equipment:	Total Annual Emergency Calls for each of the past 3 yrs. :	Total Annual Structure Fires for each of the past 3 yrs. :
Fire Chief Signature:		Date: