



United Fire Brigades' Association
APPLICATION FOR BENEVOLENT FUND ASSISTANCE

REQUIRED INFORMATION

Date: _____

Brigade: _____

Name of affected person: _____

Rank: _____

SITUATION OR REASON FOR THE APPLICATION

(For example, is the affected person sick, under financial pressure, suffered bereavement?)

FAMILY SITUATION

Does the affected person have a partner, children or other dependants that are reliant on them? If yes, please give details.

FINANCIAL SITUATION

(For example, how long has the affected person not been earning for, what is the timeframe for the affected person’s earning capacity?)

Is there a specific or urgent need we can assist with?

CONTACT DETAILS

Name of person completing this form: _____

Mobile number: _____

Email: _____

Name of CFO/OIC: _____

Signature of CFO/OIC: _____

Further details can be provided on additional sheets if required.

Completed application form and additional information to be returned to:

The Secretary
UFBA Benevolent Fund
PO Box 56079
Tawa
Wellington 5249
Email: Benevolentfund@ufba.org.nz