



Volunteer Firefighter Length of Service Award System

c/o Adapt Management
1775 W State St #225 Boise, ID 83702
admin@baer911.org

VFLSA Application for Award Payment

Fire Department: _____

Volunteer Name: _____

Social Security Number: _____

Date of Birth: _____

Phone Number(s) Home: _____ Cell: _____

Email Address: _____

Mailing Address: _____

I, _____, hereby request my Volunteer Firefighter's Length of Service Award payment to begin.

Please provide your Direct Deposit information below:

Bank Name: _____

Bank Account Type: _____

Routing#: _____

Account#: _____

Signature: _____ Date: _____

Please attach a copy of your Driver's License to this form & return it to:

Vicki Wright | VFLSA Admin
Office: 208.345.5109
vicki@adaptmanagement.org
admin@baer911.org

Office Use Only

	Initial
Total years credited: _____ Payment Amount: _____ Payment Start Date: _____	