

NOMINATION FORM FOR FIREMAN OF THE YEAR AND EMS PROVIDER OF THE YEAR

**** ALL FIELDS REQUIRED *** *** PLEASE PRINT ***

ALL NOMINATIONS FOR ANY AWARD MUST HAVE A ONE PAGE NARRATIVE OR SUPPORTING INFORMATION REGARDING THE NOMINEE'S QUALIFICATIONS FOR ANY AWARDS

**** NOMINATIONS TIME PERIOD RUNS FROM MAY 1 TO APRIL 30 ****

This nomination is for _____

Nomination is for: Fireman of the year: _____ Heroism _____ Service

Nomination is for: Citizen of the year: _____

Nomination is for: EMS provider of the year: ___ BLS ___ ALS Certification level _____

(directly responsible for responding to emergencies or disasters and providing direct delivery of care with at least one NYS re has personally or recognized agency; has personally or organizationally improved the quality of patient care provided; exemplifies outstanding leadership, professionalism, dedication and service to the community through involvement with EMS) Educators and instructors are eligible.

Nomination for service years only: 50(+) _____ 60(+) _____

Submitted by: _____

Address: _____

Phone number: _____

Your agency: _____

Nominee's agency: _____

Agency Chief's Officer: _____

Agency Chief Officer phone number: _____

RETURN ALL PAPERWORK TO:

DAVID EDWARDS

P.O. BOX 66

HOUGHTON, NEW YORK 14744