

# Firefighter of the Year Award Application

Date of action: \_\_\_\_\_

1. Name(s) of nominee(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Fire Company / Fire Department:

\_\_\_\_\_

3. Type of incident:

- Fire
- Vehicle Accident
- Drowning
- C.P.R.
- Heimlich Method
- Other: \_\_\_\_\_

4. Location and extent of fire on arrival:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Weather conditions at time of action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name and age of person(s) rescued:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Physical condition of victims:

- Normal
- Handicapped
- Conscious
- Unconscious
- In-Shock
- Other: \_\_\_\_\_

8. Describe injuries to victim(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Describe injuries to rescuer(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Was protective gear worn?  Yes  No

11. Was SCBA used?  Yes  No

12. Were protective hose lines used?  Yes  No

13. Please attach a copy of the signed letter detailing the incident. Also attach photographs, newspaper articles, witness statements, commendations received, and any other significant information relating to the incident.



_____ Name of Submitter (print)		_____ Title	
_____ Fire Department		_____ Address	
_____ E-mail address	_____ Phone Number	_____ Cell Phone Number	
_____ Signature		_____ Date	

