

Firefighter of the Year

Award Application



All fire departments or fire companies in Orange County should be thinking of submitting an application for the Firefighter of the Year Award.

During the year many of our dedicated volunteers risk their lives or perform some heroic deed which is deserving of recognition by their peers and the community. These men and women should be appropriately honored for their actions.

All applications should be addressed to:

Jeffrey R. Holmes, Chairman
194 Wait Street
Walden, New York 12586
E-Mail: firefighteraward@ocvfa.us

Receive additional applications by:

- Downloading from the OCVFA website at www.ocvfa.us
- Contacting the chairman at the above address.

Rules and Regulations

1. The citation shall be made on merits, such as risking life, saving others from drowning, carry people from burning buildings, or other actions making him/her worthy, or some other outstanding heroic activity performed.
2. A letter certified by an officer of the fire department or fire company accompanied with the printed application, should be sent to the Chairman of the Firefighter of the Year Committee along with a detailed description and history of the heroic activity performed. The committee will acknowledge all applications received.
3. All applications must be postmarked by August 1st.
4. The award shall be for heroism performed the previous year January 1st through December 31st.
5. The award shall be given at the Annual Convention in September.

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