

GEORGIA STATE FIREFIGHTERS ASSOCIATION

NOMINATION FORM	
FIREFIGHTER OF THE YEAR <input type="checkbox"/>	ROOKIE OF THE YEAR <input type="checkbox"/>

Note: Nominee must be a member of the Georgia State Firefighter's Association

Nominee's Full Name _____
 Address _____
 City _____ State _____ Zip code _____

EDUCATION

High School _____ College/Trade School _____ Military School _____ Branch _____

EMPLOYMENT

Title/Position _____ Length of time in position _____ Total years of Service _____

Department Name and address _____

Telephone Number _____

Has applicant ever been convicted of a felony? _____

FIRE DEPARTMENT INVOLVEMENT

1 Describe the career of the nominee, including some background and scope of work responsibilities.

2. Provide information on nominee's distinguished departmental achievements in his/her field over and above job requirements.

3. Describe how nominee has helped fellow professionals improve their careers or work performance.

COMMUNITY INVOLVEMENT

Describe nominee's involvement in any community projects outside fire department activities, and any honors or recognition received. (Attach news clippings where appropriate)

CONTINUING EDUCATION/TRAINING

Provide information on nominee's pursuit of educational/training incentives over and above requirements of job. Attach any certificates of recognition, etc.

SPECIAL EFFORTS/ACCOMPLISHMENTS

Provide information/documentation on any outstanding accomplishments of nominee not covered above. Attach documentation.

State reasons why you feel the nominee should receive this award:

Attach additional information/sheets to this form on any area as needed to provide Awards Committee sufficient background data on nominee. (Note: This application can also be downloaded from our website (www.gsffa.org), under 'forms and applications'.

REPORT OF MERITORIOUS ACT

Georgia State Firefighter's Association

Note: Nominee(s) must be a member of Georgia State Firefighter's Association

Have nominees/ applicant ever been convicted of a felony? _____

Date of meritorious act: _____ Time _____

1 Fire Department _____ City _____ County _____

2 PERFORMED BY _____
Rank or Grade _____ Name _____ Unit assigned _____

3 Did any other member participate directly in this act? () Yes () No
If Yes: _____

4 Rank or Grade _____ Name _____ Unit assigned _____
Is meritorious act report being forwarded for participating member? _____ If not, how did member participate? _____

5 Location of meritorious act:

a) If in building, address _____

Height _____ -Area _____ -Construction _____ Occupancy _____

of apartments in bldg _____ Floor where act took place _____ Room _____

6 b) If not in building: Give complete descriptive information so that physical setting can be recreated:

7 Person(s) Aided: Name _____

Address _____

Age _____ Sex _____ Rescue breathing _____ External Cardiac Massage _____ Resuscitator applied _____

Hospitalized _____ Name of hospital _____ Length of hospitalization _____ Diagnosis _____

8 Member performing act: Did he/she receive any emergency treatment? _____

Was medical leave granted? _____ Diagnosis _____

9 What specific job was member performing at time of rescue? _____

10 Was a member alone? _____ (If not, indicate number of fire department personnel in immediate area, and describe their positions in #14.

Was a mask worn by member during rescue? _____ Was charged hoseline in position to protect member making rescue? ___ How

was victim removed from premises? Carried _____ Dragged _____ Assisted _____

Was a ladder used in this rescue? _____ If yes, indicate type, size and placement _____

11 Name(s) of two members who actually witnessed act (if available) _____

12 Names of two civilians who actually witnessed act (if available) _____

13 Was victim removed from: Immediate fire area _____ Directly above fire _____ Other _____

14 Description of Act: (Use extra sheet if necessary)

15 Diagram of apartment or area from which victim was removed: (Draw on reverse side of form)

Indicate location of victim by X.

Indicate path of entrance to apartment (or area) by solid line.

Indicate path of exit (if different from entrance) by broken line.

Indicate point of origin of fire (if known) by with floor # inside.

Indicate location of hose line by _____.

Diagram shall include all means of access to area (doors, fire escapes,).

16. Signature of officer preparing report: _____

17. Comments (if any) regarding meritorious act: _____

Submitted by: _____