



**FIREFIGHTER OF THE YEAR
EMS AWARD
APPLICATION GUIDELINES**

- Applications may be submitted for acts that occurred between January 1, 2010 to December 31, 2010
- Applications must be received by the Awards Committee no later than March 17th to be considered
- All information on application **MUST** be completed and all applicable questions must be answered.
- Written statements from witnesses are not required, but strongly recommended.
- Photographs, newspaper articles, and any other documentation about the incident are acceptable.
- If application is being submitted to recognize more than one person, one application **PER PERSON** must be submitted and a description of their actions included.
- Chief, or Executive Officer's signature must appear on each application for it to be valid.
- A cover letter on Department Stationary signed by Chief , Executive Officer or Department Secretary should accompany completed applications
- Applications may be hand delivered or mailed to:

**Kevin P. McElynn
NCFE Awards Committee
1600 Grand Avenue
Apartment M3
Baldwin, New York 11510**

- You may also email application paperwork as an attachment to kmcelynn@aol.com .
- For EMS awards, it is no longer necessary to receive a letter from the receiving hospital as in the past due to possibly being a HIPPA violation.
- You may contact any member of the Awards Committee, or any Association Officer with any questions on the Application process.

Thank You,

A handwritten signature in black ink, appearing to read "K. P. McElynn", with a long horizontal line extending to the right.

Kevin P. McElynn
Chairman
NCFA Awards Committee



AWARD APPLICATION

Nassau County Fire Commission Award Application may also be used.

Please print or type except where signatures are required

_____ Fire Award

_____ EMS Award

_____ Date & Time of Alarm

_____ Date Prepared

PROPOSED RECIPIENT

_____ Name and Rank

_____ Address and Phone Number

_____ Fire Department and / or Unit

Wearing Protective Gear? Yes _____ No _____ Wearing SBCA? Yes _____ No _____

Tools Used in Rescue: _____

Injured? Yes _____ No _____ Emergency Treatment? Yes _____ No _____

Hospitalized? Yes _____ No _____ _____

Name of Hospital

_____ Diagnosis

INCIDENT

Location (Street & Town)

Construction

Occupancy

Floor

Room

ADDITIONAL MEMBERS INVOLVED

Name / Rank

Unit

Name / Rank

Unit

PERSONS AIDED

Name

Sex / Age

Address

Type of Aid

Hospitalized? Yes _____ No _____

Name of Hospital

Diagnosis

WITNESSES

Name

Name

Address

Address

WHAT MADE ACT MERITORIOUS?

(continue on separate sheet if necessary)

DESCRIPTION OF INCIDENT

(continue on separate sheet if necessary)

AWARDS COMMITTEE REPORT

The Awards Committee of the Nassau County Firemen's Association has reviewed this report and all submitted documentation and conducted an investigation.

This application is hereby:

APPROVED _____

NOT APPROVED _____

Approved Application has been forwarded to:

FASNY _____
Date Submitted

Southern New York _____
Date Submitted

NC Fire Commission _____
Date Submitted

Letter of Decision forwarded to Chief of the _____ Fire Department on

_____.

Chairperson Signature

Committee Members Signatures:

Board of Directors Liaison

President's Signature: _____ Date: _____

