

Virginia State Firefighter's Association

EMS Provider of the Year Application

1. Name of Nominee: _____ Address: _____

2. Fire Department and/or EMS Affiliation: _____

3. Fire Dept. and/or EMS Address: _____ Phone No: _____

4. List Activities of Nominee that you want the awards committee to consider: (attach separate sheet if necessary)

5. Nominee's membership and participation in other EMS related organizations: (attach separate sheet if necessary)

6. Is your Dept/EMS agency a current member of the VA State Fire Fighter's Association: YES NO (Please Circle)

7. A picture of the nominee is required. Is that picture attached to this application: YES NO (Please Circle)
(Note: Picture will not be returned and becomes property of the VSFA)

8. Nominee's local newspaper: _____ Address: _____

Submitter's Information:

Name (Please Print): _____ Title: _____

Signature: _____

Fire Dept or EMS Agency: _____ Address: _____

Email Address: _____ Phone Number: _____

Chief Officer signing below (Please Print): _____ Title/Rank: _____

I hereby certify that the above nominee is a regular member of the above mentioned Fire Dept. or EMS agency and the above information is correct:

Signature of Chief Officer: _____ Date: _____

Phone Number (s): _____