

Virginia State Firefighter's Association

Firefighter of the Year Application

1. Name of Nominee: \_\_\_\_\_ Address: \_\_\_\_\_

2. Fire Department Affiliation: \_\_\_\_\_

3. Fire Department Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

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

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6. Is your Department 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 Department: \_\_\_\_\_ 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 Department and the above information is correct:

Signature of Chief Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_