

Virginia State Firefighter's Association

VSFA Committee Person of the Year Application

1. Name of Nominee: _____ Address: _____

2. Committee (s) of VSFA served on by nominee: _____

3. Fire Dept and/or Rescue Squad Affiliation of nominee: _____

4. Nominee's Fire Dept and/or Rescue Squad Address: _____

Phone Number: _____

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

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

7. Is your Department a current member of the VA State Fire Fighter's Association: YES NO (Please Circle)

8. 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)

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

Submitter's Information:

Name (Please Print): _____ Title: _____

Address: _____ Phone Number: _____

Email Address: _____

Fire Dept of Submitter: _____ Address: _____

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 Submitter: _____ Date: _____