

FIREFIGHTER OF THE YEAR



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OVERVIEW |

Honor your outstanding volunteers with a nomination for the Firemen's Association of the State of New York Firefighter of the Year Award. Each year, FASNY recognizes its bravest members with this prestigious honor designated for those who exemplify what the fire service and protecting our communities is all about.

All fire departments, companies, sectional and county organizations are encouraged to submit an application.

CRITERIA |

Applications must:

- Express the nominee's merits such as risking life, saving others from drowning, braving fire to rescue trapped occupants or some other outstanding heroic activity.
- Include a letter, on department letterhead, with a detailed description and history of the heroic actions. This document must be signed by the Chief of the fire department or company.
- Be designated as an "individual" or "team" nomination. Please select the team option on the application if more than one firefighter contributed to the event. (If more than two individuals are involved in the incident, the award will be given as a unit citation.)
- Be postmarked by **March 15, 2019**. The award is designated for heroism performed the previous calendar year, **January 1 through December 31, 2018**.

NOTE: FASNY award winners will be publicly promoted in press releases and print publications as well as on television, radio or the web. The Association reserves the right to use the person's image for publicity, including – but not limited to – print, broadcast and web/social media. The recipient is expected to speak at the annual Convention (August 8-11, 2019) and be available for photo opportunities, television appearances and other promotional events. In the event the recipient does not agree to these terms, the name may be withdrawn.

NOMINATIONS |

All volunteer fire service organizations in New York State should be thinking of submitting applications for the Firefighter of the Year.

These individual or team applications must be postmarked by **March 15, 2019**, to be eligible for consideration.

Letters of support and any other supporting material accompanying the nomination will become the property of FASNY.

The presentation of this award will be made at Convention.

INSTRUCTIONS |

Please submit the application with a copy of a signed letter, on department letterhead, detailing the incident. Also attach pictures of the incident, news clippings, witness statements, commendations received and any other significant information relating to the incident.

Note: Once selected, the recipient of this award MUST submit a digital photo to be used in FASNY's promotional materials, including – but not limited to – *The Volunteer Firefighter* magazine, press releases, monthly electronic communications and web/social media sites.

Visit www.fasny.com/photos for photo submission guidelines.

DEADLINE |

This form, with all supporting materials, must be postmarked by **March 15, 2019**.

MAIL TO |

Andrew E. Pilecki c/o FASNY
107 Washington Avenue
Albany, NY 12210-2269

RECEIVE ADDITIONAL APPLICATIONS BY |

- Calling FASNY at (800) 2FASNY2
- Downloading from www.fasny.com
- Contacting the chairman at the above address

FIREFIGHTER OF THE YEAR



Check one: Individual Application Team Application

Date of action: _____

1. Fire department affiliation/EMS agency: _____

2. Sectional/County organization: _____

3. Name(s) of nominee(s): _____

4. Reason for action: _____

5. Time and location of incident: _____

6. Weather conditions at time of action: _____

7. If structure fire, construction type: Residential
 Commercial Other (explain): _____

8. Occupancy type: Single dwelling Multiple dwelling
 Church Nursing home/hospital School
 Other: _____

9. Location and extent of fire on arrival: _____

10. Name and age of person(s) rescued: _____

11. Physical condition of victims: Normal Handicapped
 Conscious Unconscious Panic-Stricken
 In shock Other: _____

12. Describe injuries to the victim(s): _____

13. Describe injuries to the rescuer(s): _____

14. Was protective gear worn? Yes No

15. Was SCBA used? Yes No

16. Were protective hose lines used? Yes No

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FIREFIGHTER OF THE YEAR AWARD APPLICATION

The undersigned hereby states that the information contained herein is correct to the best of their knowledge.

Name of Nominator: _____ Title: _____

Fire Department: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____ Email: _____

Signature of Nominator: _____ Date: _____