



# FIREFIGHTER OF THE YEAR

## OVERVIEW

Honor your outstanding volunteers with a nomination for the FASNY Firefighter of the Year Award sponsored by VFIS. 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.

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## CRITERIA

### Eligible nominations 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 or electronically submitted by **March 15, 2022**. The award is designated for heroism performed the previous calendar year.

## 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 or electronically submitted by **March 15, 2022**, 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](http://www.fasny.com/photos) for photo submission guidelines.

### Mail Completed Awards To:

Awards c/o FASNY  
107 Washington Avenue  
Albany, NY 12210-2269

### For Questions Email:

[awards@fasny.com](mailto:awards@fasny.com)

**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 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.

[www.fasny.com/awards](http://www.fasny.com/awards)

# FIREFIGHTER OF THE YEAR



Check one:  Individual Application  Team Application

Date of action: \_\_\_\_\_

1. Fire department affiliation: \_\_\_\_\_  
\_\_\_\_\_

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  MVA  
 Other (or any rescue): \_\_\_\_\_

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

Please attach a copy of a signed letter, on department letterhead, detailing the incident. **This document must be signed by the Chief of the fire department or company.** Also attach pictures of the incident, news clippings, witness statements, commendations received and any other significant information relating to the incident.

## 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: \_\_\_\_\_