



# Georgia State Firefighters Association 2017 Awards Program

## FIREFIGHTER OF THE YEAR APPLICATION

**NOTE: Nominee must be a member of the Georgia State Firefighters Association**

*The Firefighter of the Year Award is the highest honor given by the Georgia State Firefighters Association. It is given to an individual who exemplifies outstanding commitment to the fire service through his or her character, continuing education, service to the community and leadership.*

### About

Nominee's Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Education (List name of school and year graduated)

High School \_\_\_\_\_ College/Trade School \_\_\_\_\_

Military School \_\_\_\_\_ Branch \_\_\_\_\_

### Employment

Title/Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Department Name \_\_\_\_\_

Department Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Has applicant ever been convicted of a felony? Circle one: Yes / No

### Fire Department Involvement

1. Describe the career of the nominee, including some background and scope of work responsibilities.



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### Fire Department Involvement (Cont.)

2. Provide information on the nominee's distinguished departmental achievements in his/her field over and above job requirements.

3. Describe how the nominee has helped fellow professionals improve their careers or work performance.



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### Community Involvement

Describe nominee's pursuit of educational/training incentives over and above requirements of job. Attach any certificates of recognition, etc.

### Continuing Education/Training

Provide information on nominee's pursuit of educational/training incentives over and above requirements of job.



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### Special Efforts/Accomplishments

Provide information/documentation on any outstanding accomplishments of nominee not covered above.

State reasons why you feel nominee should receive this award.

\*Additional information may be attached on a separate sheet.

### Nominator Information

Name \_\_\_\_\_ Title/Position \_\_\_\_\_  
Employer/Fire Department \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

*I have completed this form to the best of my ability. I, in no way, have falsified information or misrepresented the above mentioned award nominee.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*ALL NOMINATIONS MUST BE RECEIVED BY GSFA NO LATER THAN JUNE 15, 2017.\*\***