



Georgia State Firefighters Association 2017 Awards Program

TRAINING OFFICER OF THE YEAR APPLICATION

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

The Training Officer of the Year demonstrates an ongoing commitment to Georgia's fire service by teaching and encouraging others to improve themselves and/or their organization to pursue excellence. The award is given to a trainer whose acts and deeds as an instructor serve as an example to the profession, their department, their community and their peers alike.

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.****