



Firefighter of the Year Award Application

All fire service organizations in Nassau, Suffolk, Westchester, and Rockland Counties should be thinking of submitting applications for the Firefighter of the Year Award. These individual or team applications must be received by March 1st to be eligible for judging.



It is certain that many of our volunteer firefighters across Southern New York outstanding feats of heroism, which should be recognized by our Association. Officers need only take the time to record the deed and send it to the Firefighter of the Year Committee.

Each year, the Firefighter of the Year Committee anticipates a large number of applications throughout New York State. All fire departments, fire companies, sectional and county organizations are encouraged to send in their applications.

Rules and Regulations

1. The citation shall be made on merits, such as risking life, saving others from drowning, carrying people from burning buildings, or actions making him or her worthy, or some other outstanding heroic activity performed.
2. A letter certified by an officer of the fire department or fire company, accompanied with the printed application, should be sent to the chairman of the Firefighter of the Year Committee along with a detailed description and history of the heroic actions performed. The committee will acknowledge all applications and letters received.
3. Only one name may be submitted as an "individual" on the application form. If there are several persons being nominated for the award as a team effort, names must be submitted as a "team," setting forth the part each performed during the heroic action.
4. **All applications must be postmarked by March 1ST**
5. The award shall be for heroism performed the previous calendar year, January 1st, through December 31st.
6. The award shall be given at the annual SNYVFA Annual Dinner.

Applications must be postmarked by March 1ST.

All applications should be addressed to:

Thomas P. McDonough
Chairman, SNYVFA
Firefighter of the Year Committee
31 Dolphin Green G2K
Port Washington, NY 11050

Email:

tommpwfd@gmail.com

Receive additional applications by
Contacting chairman at above address

Check one:

Individual Application Team Application

Please attach detailed letter of incident

Date of action: _____

1. Fire department affiliation: _____

2. Sectional 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 victim(s): _____

13. Describe injuries to rescuer(s): _____

14. Was protective gear worn? Yes No

15. Was SCBA used? Yes No

16. Were protective hose lines used? Yes No

17. Please attach a copy of signed letter detailing the incident. Also attach pictures of 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 SNYVFA's promotional award materials, including but not limited to the SNYVFA. This photo must be at least 1MB in size and sent as a JPEG.



Firefighter of the Year Award Application

The undersigned hereby state that the information contained herein is correct to the best of our knowledge.

Name of Submitter: (print) _____ Title: _____

Fire Department: _____

Address: _____

E-Mail Address: _____

Phone Number: () _____ Cell Phone Number: () _____

Signature of Chief Officer: _____ Title: _____