Georgia State Firefighters Association Awards Program

The "David Gray" Memorial Firefighter Leadership Award

NOTE: Nominee must be a member of the Georgia State Firefighters Association and be the rank of Firefighter.

The David Gray Memorial Firefighter Leadership Award recognizes a firefighter who goes above and beyond to be a positive influence within their department. It is given to an informal leader within the department who serves as an example of making a positive influence on their coworkers. This firefighter fosters a culture of trust and collaboration and love of the fire Service

NOMINEE INFORMATION

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: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

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

Fire Department Involvement

1. Describe the career of the nominee, including some background on how he is a positive influence on their department.

_____

_____

_____

Fire Department Involvement (Cont.)

2. Provide information on what distinguishes this firefighter as a leader of your department.

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3. Describe how the nominee has this firefighter who embodies integrity and compassion, and fosters trust within your agency.

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Mentoring Efforts

4. Describe the nominee's involvement in building other members of their department by being a mentor or guide for new members. Further, describe how this person serves as a role model for all fire service personnel to follow regardless of rank or position.

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_____

Community Involvement

5. Community involvement is optional for this award. However, if possible, please share some information about how this firefighter participates in building the fire department image within your community.

_____

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_____

Special Efforts / Accomplishments

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

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7. State reasons why you feel nominee should receive award.

_____

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_____

***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 SEPTEMBER 15TH ****

MAIL COMPLETED APPLICATIONS TO:
Georgia State Firefighters Association
PO Box 10
Milford, NE 68405

FOR MORE INFORMATION, CONTACT:
GSFA Manager Taylor Moore
Phone: 770-914-7774
Email: info@gsffa.org