Georgia State Firefighters Association Awards Program

EDUCATOR OF THE YEAR APPLICATION

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

The Educator of the Year Award honors a member of Georgia's fire service community who exemplifies a dedication to educating the community about fire safety and prevention.

NOMINEE INFORMATION

About

Nominee's Full Name: Last _____ First _____ MI _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Describe why you feel this individual should be recognized for his/her efforts in the fire prevention and/or education field of endeavor.

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Community Service

Describe nominee's involvement/accomplishments in the fire prevention field outside of fire department requirements (fire prevention programs for community awareness, fire safety programs in school, nursing homes, senior citizens, daycare etc.).

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Community Service (Cont.)

Describe any recognitions or honors received by nominee for fire safety education programs or projects.

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Fire Department Involvement

Describe nominee's initiative and aggressiveness in development and implementation of a community fire prevention and education program.

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Describe involvement in promoting fire safety education within the department:

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

Mark any of the following programs/projects that the nominee initiated or has been involved:

_____ Neighborhood block parties; distribution of fire safety education literature
_____ Safety sign program year-round outside of fire department
_____ Safety signs on fire apparatus
_____ Seasonal programs for all fours seasons of the year
_____ Scout programs/station tours
_____ Fire Prevention Week Programs
_____ Open House
_____ Fire safety inventory, films, videos, children's handouts/items
_____ Programs for senior citizens/nursing homes
_____ Fire Prevention programs in schools
_____ Poster contests
_____ Fire prevention newsletter
_____ Program for community awareness
_____ Day care centers
_____ Tour of fire station for civic clubs
_____ Fire safety trailer
_____ Assistance to other departments in developing fire prevention/education programs
_____ Other:_____

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 NOVEMBER 25TH ****

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