Georgia State Firefighters Association 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.

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 and scope of work responsibilities.

_____

_____

_____

_____

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.

_____

_____

_____

_____

Community Involvement

4. Describe nominee's involvement in any community projects outside of fire department activities, any honors or recognition received. Attach any news clippings where appropriate.

_____

_____

_____

_____

Continuing Education/Training

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

_____

_____

_____

_____

Special Efforts / Accomplishments

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

_____

_____

_____

_____

7. State reasons why you feel nominee should receive 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 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