



# Georgia State Firefighters Association Awards Program

## INSTRUCTOR OF THE YEAR APPLICATION

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

*The Instructor 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.*

### 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.

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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.

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3. Describe how the nominee has helped fellow professionals improve their careers or work performance.

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## **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.

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## **Continuing Education/Training**

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

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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](mailto:info@gsffa.org)