



Georgia State Firefighters Association Awards Program

ROOKIE OF THE YEAR APPLICATION

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

The Rookie of the Year Award is given to an individual who has been a firefighter for less than three years and has completed Firefighter 1 Training.

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. Attach any certificates of recognition, etc.

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 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