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 giving 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.

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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. Attach any certificates of recognition, etc.

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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 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