# FIREHOUSE MAGAZINE HEROISM AND COMMUNITY SERVICE AWARDS

## General Entry Form (A)

As a superior officer (chief), executive of a recognized firefighter association or union, or municipal executive, I ,_____, recommend the following person for the 2012 Firehouse Magazine Heroism and Community Service Awards program.

APPLICANT'S FULL NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP:_____

HOME PHONE: (  ) _____ BUSINESS PHONE: (  ) _____

FIRE SERVICE AFFILIATION: _____ CO #: _____

DEPARTMENT TYPE: (circle one) PAID VOLUNTEER COMBINATION

**SUBMITTED BY (FIRE DEPARTMENT, MUNICIPALITY, UNION LOCAL)** :

NAME:_____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (  ) _____ BUSINESS PHONE: (  ) _____

E-MAIL: _____WEBSITE: _____

RANK OR TITLE: _____

All completed applications must be received by **Jan. 16, 2013**. Nominations received after this date will not be considered. These forms may be copied and copies of this original may be submitted for multiple applications. Multiple entries from the same organization are encouraged. Duplicate this form as necessary.

Return completed forms to:
Heroism Awards
Firehouse Magazine
3 Huntington Quad. Suite 301N,
Melville, NY 11747

## Questions?

Contact: Elizabeth Neroulas

heroismawards@firehouse.com

631-963-6230

**CHECKLIST – THE FOLLOWING *MUST* BE INCLUDED:**

☐ A typewritten cover letter on department stationery, signed by the chief of department ONLY

☐ Completed forms, A-E as applicable. Form A ***must*** accompany each application. Form C needs a diagram.

☐ Digital image of nominee on CD or emailed to heroismawards@firehouse.com
(high-resolution images will be at least triple digits in size, ie: 600 KB or larger; smartphone photos welcome)

☐ Digital images or video of fire scene can be included on CD or emailed to heroismawards@firehouse.com

# HEROISM FORM (B)

Date of Rescue: _____ Time of Day: _____

Location/Address of Rescue: _____

Construction: _____ Area (Sq. Ft.): _____ Height: _____

Floor: _____ Room: _____

If not a building, please describe the area of the rescue in detail: _____

_____

Please describe conditions upon arrival (Fire involvement, smoke condition or other pertinent information):

_____

_____

Was member alone? ☐ Yes ☐ No Was a SCBA worn? ☐ Yes ☐ No

Was a charged hoseline in position to protect member performing the rescue? ☐ Yes ☐ No

Was complete protective clothing worn? ☐ Yes ☐ No

Was member injured? ☐ Yes ☐ No Describe injuries _____

Was victim injured? ☐ Yes ☐ No Describe injuries _____

_____

Was the victim removed from: ☐ Immediate fire area ☐ Above the fire
Other area (Describe): _____

What danger did the member place himself in to perform the rescue?

_____

_____

Description of act: (Please be very descriptive to recreate the scene of the rescue. Add on as many pages as necessary; the more detailed, the better. If more than one firefighter has performed a heroic rescue at the same location, describe each nominee's act of heroism.)

_____

_____

Do you have any photos/videos of the incident scene that can be used for publication? ☐ Yes ☐ No

## HEROISM FORM (C)

### Diagram of area from which victim was rescued:

Indicate location of victim with a: V

Indicate the area of fire with: //////////

Indicate the location of hose line with: ⁻ HL⁻⁻ ⟶

Indicate the path of entrance with a solid line and path of escape, if different, with a broken line.

Please include all doorways, windows, fire escapes in the fire area.

## HEROISM FORM (D)

**NOMINATION FOR UNIT CITATION** - For members of one company or department performing a heroic act.

Date of Rescue:_____ Time of Day: _____

At the scene of rescue: _____

_____

Type of structure/vehicle: _____

_____

_____

Condition upon arrival (Example: Heavy smoke, hazardous materials): _____

_____

Were hose lines charged? ☐ Yes ☐ No Was ventilation made? ☐ Yes ☐ No

Was there damage to structure/vehicle? ☐ Yes ☐ No

Was protective clothing worn? ☐ Yes ☐ No Were SCBA used? ☐ Yes ☐ No

Were nominees hospitalized/injured? ☐ Yes ☐ No Did they survive? ☐ Yes ☐ No

Describe: _____

_____

Do you have photos/videos of the incident scene that can be used for publication? ☐ Yes ☐ No

Please describe the incident in this space. Remember the nominator's letter must fully explain the event and circumstances leading to the nomination. Use as many pages as necessary to fully describe the act of heroism that the unit or department is being cited for and explain how their teamwork and performance distinguishes them beyond the call of duty.

_____

_____

_____

_____

_____

_____

## COMMUNITY SERVICE FORM (E)

Please provide a detailed description of the service performed by the nominee. This information may be included in the nominator's letter of recommendation. Please include the following information:

1) Where, how and why was the community service provided?

2) The advantages, innovations, changes gained as a result of the action.

3) Who benefits from the action?

4) Why was the service so special? Why was the act unique compared to what had been done previously?

5) Previous awards/commendations received by the nominee.

6) Any relevant background information.