## FIREHOUSE MAGAZINE HEROISM AND COMMUNITY SERVICE AWARDS

## **General Entry Form (A)**

| executive, I ,   | recognized lifelighter associately associately recommend the follownmunity Service Awards program.                                  | wing person for the 2014            |
|--|---|-------------------------------------|
| 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 to be considered. These forms may be capplications. Multiple entries from the sa | copied and copies of this original may  | / be submitted for multiple         |
| Return completed forms to:<br>Heroism Awards   | CHECKLIST – A-C <i>MUST</i> BE INCL   | UDED:                               |
| Firehouse Magazine 3 Huntington Quad. Suite 301N, Melville, NY 11747   | $\hfill \Box$<br>A. A typewritten cover letter on department stationery, signed by the chief of department ONLY                     |                                     |
|  | ☐ B. Completed forms, A-E as applicable. Form A <i>must</i> accompany each application. Form C needs a diagram.                     |                                     |
| Questions? Contact: Elizabeth Neroulas   | ☐ C. Digital image of nominee on heroismawards@firehouse.com (high-resolution images will be at I KB or larger; smartphone photos w | east triple digits in size, ie: 600 |
| lizfn@cygnuspub.com<br>631-963-6230  | ☐ D. Digital images or video of fire scene can be included on CD or emailed to heroismawards@firehouse.com                          |                                     |
| 33. 330 0200   |   |                                     |

# HEROISM FORM (R)

| HERUISINI FURINI (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 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 hoselines 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.