



# NOMINATION FORM



## Genesee County Association of Fire Chief's

### Valor in Emergency Response

Name of Nominee \_\_\_\_\_

Fire Department \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Years in fire service \_\_\_\_\_ Years in current position \_\_\_\_\_

Has applicant ever been convicted of a felony? \_\_\_\_\_

1) Date of act \_\_\_\_\_ Time \_\_\_\_\_

2) Did any other member participate directly in this act? ( ) Yes ( ) No

If Yes \_\_\_\_\_

(Name / Rank or Grade / Unit Assigned)

3) Location of meritorious act \_\_\_\_\_

a) If in building, address \_\_\_\_\_

Height \_\_\_\_\_ Area \_\_\_\_\_ Construction \_\_\_\_\_ Occupancy \_\_\_\_\_

# of apartments in bldg \_\_\_\_\_ Floor where act took place \_\_\_\_\_ Room \_\_\_\_\_

b) If not building: Give complete descriptive information so that physical setting can be recreated: \_\_\_\_\_

4) Person(s) Aided: Name (if available) \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Rescue breathing \_\_\_\_\_ External Cardiac Massage \_\_\_\_\_

Resuscitator applied \_\_\_\_\_ Hospitalized \_\_\_\_\_ Name of hospital \_\_\_\_\_

Length of hospitalization \_\_\_\_\_ Diagnosis \_\_\_\_\_

5) Member performing act: Did he/she receive any emergency treatment? \_\_\_\_\_

Was medical leave granted? \_\_\_\_\_ Diagnosis \_\_\_\_\_

6) What specific job was member performing at time of rescue? \_\_\_\_\_

7) Was member alone? \_\_\_\_\_ (If not, indicated number of fire department personnel in immediate area, and describe their positions in #15.

8) Was a mask worn by member during rescue? \_\_\_\_\_

9) Was charged hose line in position to protect member making rescue? \_\_\_\_\_

10) How was victim removed from Premises? Carried \_\_\_\_\_ Dragged \_\_\_\_\_ Assisted \_\_\_\_\_

11) Was a ladder used in this rescue? \_\_\_\_\_ If yes, indicate type, size and placement \_\_\_\_\_

12) Name(s) of two members who actually witnessed act (if available) \_\_\_\_\_

13) Was victim removed from: Immediate fire area \_\_\_\_\_ Directly above fire \_\_\_\_\_ Other \_\_\_\_\_

14) Description of Act. **(Use separate Narrative Form to complete)**

15) Signature of officer preparing report: \_\_\_\_\_

Submitted by: \_\_\_\_\_