



# Firefighter of the Year Award Application

**All fire service organizations in New York State should be thinking of submitting applications for the Firefighter of the Year Award. These individual or team applications must be received by March 1st to be eligible for judging.**



It is certain that many of our volunteer firefighters across New York State perform outstanding feats of heroism, which should be recognized by our Association. Officers need only take the time to record the deed and send it to the Firefighter of the Year Committee for judging.

Each year, the Firefighter of the Year Committee anticipates a large number of applications from all parts of New York State. All fire departments, fire companies, sectional and county organizations are encouraged to send in their applications.

## Rules and Regulations

1. The citation shall be made on merits, such as risking life, saving others from drowning, carrying people from burning buildings, or actions making him or her worthy, or some other outstanding heroic activity performed.
2. A letter certified by an officer of the fire department or fire company, accompanied with the printed application, should be sent to the chairman of the Firefighter of the Year Committee along with a detailed description and history of the heroic activity performed. The committee will acknowledge all applications and letters received.
3. Only one name may be submitted as an "individual" on the application form. If there are several persons being nominated for the award as a team effort, names must be submitted as a "team," setting forth the part each performed during the heroic action.
4. All applications must be postmarked by March 1st.
5. The award shall be for heroism performed the previous calendar year, January 1st, through December 31st.
6. The award shall be given at the annual FASNY Convention.

**Applications must be postmarked by March 1st.**

All applications should be addressed to:

Donald J. Farrell  
Chairman, FASNY  
Firefighter of the Year Committee  
16 Butler Place  
Ossining, NY 10562-4402

Receive additional applications by

- Calling FASNY at 1-800-2FASNY2
- Downloading from [www.fasny.com](http://www.fasny.com)
- Contacting chairman at above address

Check one:

Individual Application     Team Application

**Please attach detailed letter of incident**

Date of action: \_\_\_\_\_

1. Name(s) of nominee(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Fire department affiliation: \_\_\_\_\_  
\_\_\_\_\_

3. Reason for action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Time and Location of incident: \_\_\_\_\_  
\_\_\_\_\_

5. Weather conditions at time of action: \_\_\_\_\_  
\_\_\_\_\_

6. If structure fire, construction type:     Residential     Commercial  
 Other: (explain) \_\_\_\_\_  
\_\_\_\_\_

7. Occupancy type:     Single dwelling     Multiple dwelling     Church  
 Nursing Home/Hospital     School     Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Location and extent of fire on arrival: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Name and age of person(s) rescued: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Physical condition of victims:     Normal     Handicapped  
 Conscious     Unconscious     Panic-Stricken     In Shock  
 Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Describe injuries to victim(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Describe injuries to rescuer(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Was protective gear worn?     Yes     No

14. Was SCBA used?     Yes     No

15. Were protective hose lines used?     Yes     No

16. Please attach a copy of signed letter detailing the incident. Also attach pictures of incident, news clippings, witness statements, commendations received, and any other significant information relating to the incident.



## Firefighter of the Year Award Application

The undersigned hereby state that the information contained herein is correct to the best of our knowledge.

Name of Submitter: (print) \_\_\_\_\_ Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: (       )                      Cell Phone Number: (       )

Signature of Chief Officer: \_\_\_\_\_ Title: \_\_\_\_\_

**ONLINE**