



FIREFIGHTER OF THE YEAR

Each department should submit a nomination letter for their nominee containing at a minimum the information attached. You should provide the committee with as much information as possible to assist them in their selection. **Information for nominee should be for the past year to date.**

Department Name: _____

Nominee Name: _____

Marital Status: _____

Number of Children and Ages: _____

Nominee's Age and Birth Date: _____

Chief's Name: _____

CERTIFICATIONS

DATE COMPLETED

Firefighter I	_____
Firefighter II	_____
ERT / RT / TR	_____
NCDOI Instructor	_____
Hazmat Awareness	_____
Hazmat Operational	_____
Instructor	_____
CPR	_____
Instructor	_____
Yadkin County First Responder	_____
NC Medical Responder	_____
NC EMT - Basic	_____
NC EMT - Intermediate	_____
NC EMT - Paramedic	_____

Firefighter I and II / Rescue Technician / Technical Rescuer individual classes

(LIST or Print NC OSFM Transcript from OSFM 24, link on website <http://ycvfra.com/>)



Calls	#Fires	#House/Medical	#Rescue	#10-50
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Department Dispatched	_____	_____	_____	_____
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Nominee Response	_____	_____	_____	_____
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Nominee Status

Date Nominee entered Department _____

Years of Service if applied

Fire
 Traffic
 Medical
 Rescue
 Board of Directors
 Auxiliary
 Other

OFFICER(s)

Date Appointed	Rank or Title	Dept
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Quantity of Participation

HOURS OF TRAINING

Training at your Department _____
North Carolina State Sponsored Schools _____
Another County _____
Another Department _____
National Academy _____
Other (Specify) _____

OTHER HOURS

Officer Training _____
Business Meetings _____
YCVFRA Meetings _____
First Responder Meetings _____
Chiefs Meetings _____
State Association Meetings _____
Other County Association Meetings _____
EMS and Rescue Programs _____
Public Education _____
Teaching at your Department _____
Teaching at other Departments _____
Truck Maintenance _____
Facility Maintenance _____
Truck Cleaning _____
Equipment Cleaning _____
Facility Cleaning _____
Administration _____

UNITS CERTIFIED TO OPERATE

Pumper _____ Other _____
Tanker _____ _____
Brush _____ _____
Equipment _____ _____
Quick Response _____ _____
Ambulance _____ _____
Rescue _____ _____
Boats _____ Last EVD Course: _____



***** GIVE NOMINATION FORM TO *CHIEF* FOR REMARKS *****

OUTSTANDING ACTION(s) ON A CALL

OUTSTANDING CONTRIBUTION(s) TO THE DEPARTMENT

LIST PAST AWARDS, ACHIEVEMENTS

REASON FOR NOMINATION

***** GIVE NOMINATION FORM TO CHIEF FOR REMARKS *****

QUALITY OF PARTICIPATION OR PERFORMANCE

<u>ATTENDANCE:</u>	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>
BUSINESS MEETINGS	_____	_____	_____	_____
DRILLS	_____	_____	_____	_____
FIRES	_____	_____	_____	_____
RESCUE	_____	_____	_____	_____
ASSOCIATION MEETINGS	_____	_____	_____	_____
CHIEFS MEETINGS	_____	_____	_____	_____
 <u>COOPERATION:</u>				
AT DRILLS AND TRAINING PROGRAMS	_____	_____	_____	_____
SERVES ON COMMITTEES WHEN ASKED	_____	_____	_____	_____
OTHER SPECIAL ACTIVITIES	_____	_____	_____	_____
 <u>WILLINGNESS TO WORK:</u>				
ASSIST IN TRAINING PROGRAMS	_____	_____	_____	_____
ASSIST IN TRAINING PROJECTS	_____	_____	_____	_____
ASSIST IN SPECIAL ACTIVITIES	_____	_____	_____	_____
DEPENDABILITY	_____	_____	_____	_____
 <u>TRAINING:</u>				
ATTENDS AND PARTICIPATES	_____	_____	_____	_____
ATTENDS SPECIAL TRAINING SCHOOLS	_____	_____	_____	_____
ATTENDS OUT OF TOWN TRAINING	_____	_____	_____	_____
 <u>EQUIPMENT:</u>				
ABILITY TO USE ALL EQUIPMENT	_____	_____	_____	_____
INTEREST TO COMMAND AT INCIDENTS	_____	_____	_____	_____
TRAINING ABILITY ON THE EQUIPMENT	_____	_____	_____	_____
LEADERSHIP	_____	_____	_____	_____
 <u>FIREFIGHTER/RESCUE:</u>				
QUALIFICATIONS	_____	_____	_____	_____
ABILITY TO COMMAND	_____	_____	_____	_____
ABILITY TO SIZE UP AND ACT	_____	_____	_____	_____
ABILITY TO GIVE ORDERS	_____	_____	_____	_____
 <u>COUNTY ASSOCIATION:</u>				
ATTENDANCE	_____	_____	_____	_____
PARTICIPATES IN COUNTY ACTIVITIES	_____	_____	_____	_____
SERVES ON COMMITTEES WHEN ASKED	_____	_____	_____	_____
 <u>OUTSTANDING PERFORMANCE (IF APPLICABLE):</u>				
DEPARTMENT LEADERSHIP	_____	_____	_____	_____
HEROIC DEEDS	_____	_____	_____	_____
LIFE SAVING PERFORMANCE	_____	_____	_____	_____
OTHER COMMUNITY SERVICES	_____	_____	_____	_____



