

**Application for
Suffolk County Volunteer Firemen's Association
"Firefighter of the Year" Award**

All questions must be answered. If not applicable, please write in N/A
Include cover letter describing act, fire report and news articles if applicable.

Date: _____

Name of nominee/s: _____

Fire Department affiliation: _____

Years of service: _____ Type of Incident: _____

Reason for action: _____

Date of act: _____ Time of act: _____

Location: _____

Duration of alarm: _____ Number of responders: _____

Weather conditions: _____

Type of Structure: _____

Size of Structure: _____

Occupancy Type: _____

Conditions on arrival: _____

Name of person (s) rescued: _____

Ages: _____

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Describe where victim (s) were found: _____

Describe injuries to victim(s) and / or rescuer (s): _____

Victim status: _____

Describe the level of protective gear worn: _____

Breathing Apparatus worn and used: _____

Were protective hose streams used? _____

How? _____

Give detailed description of the action: _____

Name of Chief of Department submitting report: _____

Signature of Chief of Department: _____

Telephone contact: _____

Cover Letter attached: _____

Fire Report attached: _____

News Articles attached: _____