

## SOUTH CAROLINA FIREFIGHTERS' ASSOCIATION

## NOMINATION FOR MERITORIOUS ACTION AWARD

Please review the information below, which outlines the background and criteria for this award and then complete the following information. This form must be completed and returned to the SC State Firefighters' Association, Box 21175, Columbia, SC 29221. All nominations will be evaluated by the Subcommittee on Awards and submitted to the Executive Committee for selection. All awards will be presented at the annual conference.

This award is intended to recognize <u>firefighters and/or fire departments</u>, which have rendered services beyond the ordinary course of duty in an attempt to save a life regardless of the actions success. Nominees for the award should be recognized because they reflect vigilance and professionalism of firefighters across the State.

Nominations can only be submitted by an Association member with the approval of the firefighter's chief, his/her designee, or by a member of the Executive Committee.

Any violation of generally accepted safety standards shall disqualify any nomination. Such standards include, but are not limited to, abstinence from the influence of alcohol or drugs, the use of applicable protective equipment such as protective clothing and breathing apparatus, and adherence to accepted operating procedures, where these criteria are applicable at the time of the incident. Unsafe acts associated with the incident that were not within the control of the nominee should not prevent his or her receiving the award.

NAME OF NOMINEE
ANK OF POSITIONMEMBER OF FIREFIGHTERS' ASSOCIATION? YES NO
TRE DEPARTMENT OR OTHER ORGANIZATION
DEPARTMENT'S ADDRESS
DEPARTMENT'S PHONE #
TIRE SERVICE EXPERIENCE:
ist the nominee's fire service experience including length of service, departments in which he or she has erved and positions held.

## **EDUCATION:**

Provide a summary of the nominee's educational training.	achievements including both formal education and fire service
PERSON MAKING NOMINATION:	
NAME	
DEPARTMENT'S ADDRESS	
	HOME PHONE #
ARE YOU A MEMBER OF THE FIREFIGHTE (Only an Association member can make a nomin	
MERITORIOUS ACTION: (use attachment)	
CHARACTER:	
Is the nominee free of characteristics that would criminal history? YESNO If "NO	discredit the South Carolina Firefighters' Association such as a "please explain.

<u>DEPENDING UPON THE CIRCUMSTANCES SURROUNDING THE ACTIONS TAKEN, THE EXECUTIVE COMMITTEE MAY CHOSE TO PRESENT THE FIRE DEPARTMENT WITH A MERITORIOUS AWARD.</u>

## **SAFETY STANDARDS:**

Was there any violation of genera	ally accepted safety standards by the nominee?	YES	NO
answer will automatically reject t	hy you believe the award should be given despithe nomination unless substantial evidence is presented, any government agency finds that the the award.	resented that just	ifies the award
REFERENCES:			
List the names and telephone nun	nbers of individuals who can serve as references	s to this nominat	ion.
NAME			
PHONE #	OCCUPATION		
ADDRESS			
HOW LONG HAVE YOU KNO	WN THE NOMINEE		
NAME			
PHONE #	OCCUPATION		
ADDRESS			
HOW LONG HAVE YOU KNO	WN THE NOMINEE		
AUTHORIZING SIGNATURE	<u>ES:</u>		
I certify that the facts set forth about	ove are accurate and complete to the best of my	knowledge.	
PERSON MAKINO	G NOMINATION	DATE	
NOMINEE'S CHIEF OR	AN EXECUTIVE MEMBER	DATE	

NOTE: THE EXECUTIVE COMMITTEE RESERVES THE RIGHT NOT TO PRESENT THIS AWARD

IF NOMINATIONS DO NOT MEET ALL THE CRITERIA (REVISED 2002)