



OFFICER 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/>)



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	_____	_____	_____	_____



