

NEW JERSEY & NEW YORK VOLUNTEER FIREMEN'S ASSOCIATION

JOSEPH COSTELLO

"FIREMAN OF THE YEAR"

APPLICATION

NAME OF
NOMINEE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Home or Cell # _____ E MAIL ADDRESS _____

DEPT. NAME, ADDRESS, TEL. NUMBER _____

DATE OF INCIDENT _____

TYPE OF INCIDENT _____

REQUIRED ATTACHMENTS

- 1) DETAILED SYNOPSIS OF INCIDENT, DESCRIBING INITIAL DISPATCH CALL, DATE, TIME, ARRIVAL CONDITIONS, WEATHER, AND FIRST ARRIVING APPARATUS. WAS NOMINEE THE FIRST ARRIVING (ALONE WITHOUT APPARATUS).

INCLUDE DETAILED DESCRIPTION OF EXCEPTIONAL EFFORTS PERFORMED BY NOMINEE, DESCRIPTION OF WORK PERFORMED, PREVENTION OF ADDITIONAL DAMAGE AND LIVES SAVED. INCLUDE "ASSISTED BY" INFORMATION IF APPROPRIATE AND APPLICABLE.

NOTE: THIS ATTACHMENT MUST BE SIGNED BY THE DEPARTMENT CHIEF.

OPTIONAL ATTACHMENTS

- 1) PHOTOCOPIES OF NEWS ARTICLES DESCRIBING INCIDENT AS REPORTED BY NEW MEDIA.
- 2) PHOTOGRAPHS OF INCIDENT (NON-RETURNABLE).

ALL NOMINATIONS TO BE POSTMARKED NOT LATER THAN APRIL 1.

MAIL ALL NOMINATIONS AND SUPPORTING DOCUMENTS TO:

**Pat Connor
19 Medford Rd.
Dumont, NJ 07628**

IN NOMINATING THE ABOVE NAMED PERSON FOR CONSIDERATION FOR THE "JOSEPH COSTELLO FIREMEN OF THE YEAR" AWARD, I CERTIFY THE ABOVE INFORMATION AND ACCOMPANYING INCIDENT SYNOPSIS IS TRUTHFUL AND ACCURATE.

NAME & PHONE NUMBER – NOMINATING PERSON

DATE _____
SIGNATURE-NOMINATING PERSON