

## Volunteer Firemen's Association of Cambria County and Vicinity Valor & Life Saver Nomination Form

Valor Nomination <input type="checkbox"/> Life Saver Nomination <input type="checkbox"/>	
Please check one: <input type="checkbox"/> Civilian <input type="checkbox"/> Fire Fighter <input type="checkbox"/> EMS <input type="checkbox"/> Police Officer	
Person or Person's Name:	
Nominee Home Address:	
	Phone:
Officer in Charge of Incident:	Phone:
Individual Submitting Form:	Phone:
Signature of Officer or Supervisor in Charge of Incident:	
Date of Incident:	Date Submitted:

Briefly describe the incident and what lifesaving effort was used by the nominee that caused you to nominate them for a valor award or a life saver award. (If more room necessary, please attach an additional sheet):

Please include any newspaper or other articles that maybe helpful in the proof of this incident.

All entrees must be submitted by the last regular meeting before the annual convention meeting of that year.

Return to:    John C. Gromley, Assn. Secretary  
                   P.O. Box 244  
                   St. Michael, PA. 15951