

VSFA AWARD NOMINATION FORM

(JUNE 1, 2024, DEADLINE)

NAME OF NOMINEE: _____

DEPARTMENT: _____ RANK: _____

HOW LONG A MEMBER: _____ MEMBER OF VSFA? Y N

NUMBER OF MEMBERS IN DEPARTMENT: _____

MEMBERS IN VSFA: _____

PLEASE CHECK OFF THE AWARD YOU ARE APPLYING FOR:

VSFA RESCUE SQUAD/AMBULANCE MEMBER OF THE YEAR AWARD

VSFA FIREFIGHTERS OF THE YEAR AWARD

VSFA ROBERT KING CHIEF OF THE YEAR AWARD

VSFA LINE OFFICER OF THE YEAR AWARD

VSFA CAPTAIN CHARLES TAYLOR YOUTH FIREFIGHTER OF THE YEAR AWARD

VSFA SENIOR FIREFIGHTER OF THE YEAR AWARD

VSFA EMERGENCY MAINTENANCE TECHNICIAN OF THE YEAR AWARD

VSFA SUPPORT SPECIALIST OF THE YEAR AWARD

CONTACT INFORMATION FOR PERSON SUBMITTING FORM:

NAME: _____

EMAIL: _____ PHONE NUMBER: _____

PLEASE SUBMIT YOUR MONIMATIONS TO:

MICHAEL TAYLOR
98 WESTVIEW PLACE
SHAFTSBURY, VT 05262

EMAIL: mstaylorvt@comcast.net

PHONE: (802) 733-1218