

President - Dale Couch
Vice President - Bryan Southard
Treasurer - Neil Trivette
Secretary - Dale Potts
Chaplain - Mark Shoaf



PO Box 804
Yadkinville, NC 27055

www.YCVFRA.com

December 10, 2017

Dear Association Member;

You may return the filled out forms via US mail or you can send them to me via email at Secretary@ycvfra.com.

The banquet will be held on **March 10th, 2018** beginning at **6:30 PM** and hosted by the **West Yadkin VFD**.

Enclosed you will find a nomination form for **officer** of the year. Please nominate one member from your department for this event.

The form, **MUST BE RETURNED NO LATER THAN**

FEBRUARY 1st, 2018

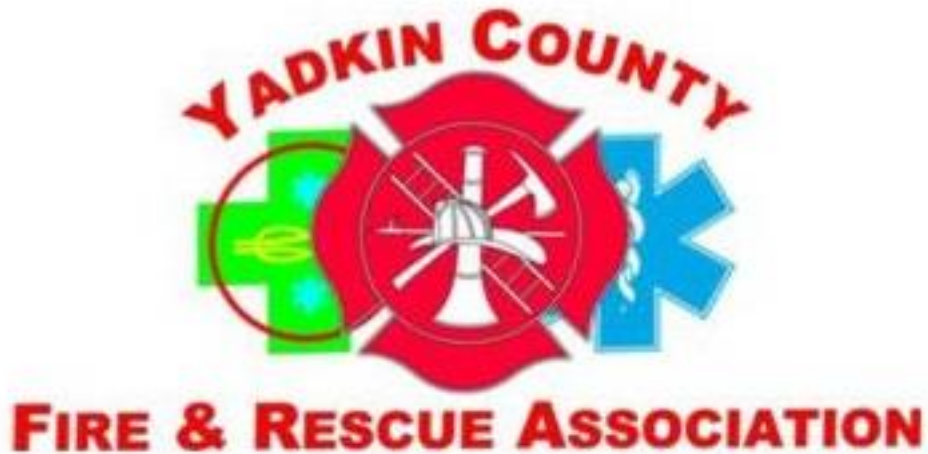
Return to: Yadkin County Volunteer Fire and Rescue Association
Dale Potts
3300 Chinquapin Road
Yadkinville, NC 20555
463-2299 Home
971-2299 Mobile

Sincerely,

Dale Potts

Dale Potts
Secretary





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.**

Nominations must be submitted to the Nominating Committee no later than *FEBRUARY 1st, 2018*. The awards will be presented at the 23rd Annual Awards Banquet to be held March 10th, 2018 at **6:30 PM and hosted by West Yadkin VFD.**

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: <https://apps.ncdoi.net/f?p=305:2:::NO:::>)



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	_____	_____	_____	_____



