



Baltimore County Volunteer Firefighter's Association APPLICATION FOR AWARD

Name of Award:

Member Company Submitting Nominee:

Nominee Name:

Nominee Home Address:

Street:

City, State Zip Code:

Date Nominee Joined Company / Department:

List any Company / Department Offices held and/or Committees Chaired in Member Company:

List Offices held and/or Committees Chaired in B.C.V.F.A and M..S.F.A:

List Training Courses Completed:

Other major accomplishments completed by the nominee

**ALL APPLICATION MUST BE SIGNED BY BOTH THE PRESIDENT AND
OPERATIONS OFFICER OF THE SUBMITTING COMPANY / DEPARTMENT**

Company President:

Senior Operations Officer:

Please complete this part of the application only if the Nominee is deceased.

Name of Next of Kin:

Relation to Nominee:

Address of Next of Kin:

Street:

City, State Zip Code:

Additional Comments: