

**RISFL Annual Firefighter of the Year and Lifetime Achievement Award**  
**Deadline: September 1st**

Name of Nominee: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Fire Service History**

Department, City, State: \_\_\_\_\_

Date Joined: \_\_\_\_\_

Number of Years in Fire Service: \_\_\_\_\_

Elected Positions Held: \_\_\_\_\_

Appointed Positions Held: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Association History**

State Level Service: \_\_\_\_\_

Local/County Level Service: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family History**

Wife/Husband: \_\_\_\_\_

Children: \_\_\_\_\_

Relatives/Siblings also in Fire Service: \_\_\_\_\_

**Other**

Other Service to Community/State Government: \_\_\_\_\_

\_\_\_\_\_

Council/Board/Commissions/Legislative Service: \_\_\_\_\_

\_\_\_\_\_

Religious Positions: \_\_\_\_\_

Past Honorary Awards: \_\_\_\_\_

Name of Individual Filling Out This Form: \_\_\_\_\_

Address of Individual Filling Out This Form: \_\_\_\_\_

Phone Number of Individual Filling Out This Form: \_\_\_\_\_

Please include four letters of recommendation with this form.

**Send form & letters of recommendation to:**

Executive Secretary

PO Box 100236

Cranston, RI 02910