

**RISFL Annual Firefighter of the Year and Lifetime Achievement Award**  
Deadline: July 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