

FORM A 2010

DATE RECEIVED BY NJFMBA: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
(COMMITTEE USE ONLY)

**NEW JERSEY STATE FIREFIGHTERS MUTUAL BENEVOLENT ASSOCIATION**  
**APPLICATION FOR VALOR YEAR 2009**

SUBMITTED FOR CONSIDERATION OF: (PLEASE CHECK ONE)

- AWARD FOR MEDAL OF VALOR (FIRE / RESCUE)**
- LIFESAVING AWARD (NON-FIRE / RESCUE)**
- EMERGENCY MEDICAL SERVICES AWARD**
- CIVILIAN AWARD (FIRE / NON-FIRE / MEDICAL)**
- GROUP EFFORT AWARD (FIRE / NON-FIRE / MEDICAL)**
- HUMANITARIAN AWARD**       **BROTHERHOOD AWARD**
- MULTI-JURISTICTIONAL AWARD**
- SCOTT GARBER NJFMBA SERVICE AWARD**
- NJFMBA AWARD FOR MEDIA**
- LOCAL OF THE YEAR**

NAME: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

DEPARTMENT (S) NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ LOCAL: # \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

\* IS APPLICATION BEING SUBMITTED FOR OTHER MEMBERS WITH THIS INCIDENT?  
\_\_\_\_ YES \_\_\_\_ NO

IF YES, PLEASE ATTACH A SEPARATE APPLICATION FOR EACH MEMBER ON FORM "A"

\* IF YOUR ANSWER TO THE ABOVE QUESTION IS YES, DO YOU WANT THE INCIDENT  
TO BE GRADED AS A GROUP EFFORT AWARD?  
\_\_\_\_ YES \_\_\_\_ NO

**INCIDENT LOCATION:**

ADDRESS OF BUILDING OR LOCATION WHERE ACT WAS PERFORMED:

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**GUIDELINES:**

PLEASE ATTACH TO THIS APPLICATION, A DETAILED ACCOUNT OF THE ACT THAT TOOK PLACE. BE SURE NOT TO LEAVE OUT ANY PERTINANT INFORMATION. PLEASE PRESENT IN A TYPE WRITTEN FORM.

AT THE TIME OF APPLICATION REVIEW, THE COMMITTEE CHAIRMAN MAY CONTACT THE LOCAL PRESIDENT OR DELEGATE TO VERIFY INFORMATION THAT IS IN THE WRITTEN ACCOUNT.

IF APPLICATION IS SUBMITTED FOR A MULTI-JURISTICTIONAL AWARD, ALL INVOLVED MUST BE A MEMBER OF THIS ASSOCIATION.

BE SURE TO ATTACH ANY NEWSPAPER ARTICLES, PHOTOS OR VIDEO PERTAINING TO THE ACT. PLEASE ATTACH COPIES ONLY!

THE COMMITTEE MAY DISQUALIFY AN APPLICATION IF NOT LEGIBLE OR MISSING REQUIRED INFORMATION.

ALL MATERIAL BECOMES PROPERTY OF THE NJFMBA VALOR AWARD COMMITTEE FILE AND WILL NOT BE RETURNED UNLESS SPECIFIED. THERE WILL BE NO PUBLICATION OF THIS MATERIAL UNLESS AUTHORIZED BY THE LOCAL PRESIDENT.

**NAME OF TWO MEMBERS OF DEPARTMENT WHO WITNESSED THE ACT:**

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ UNIT: \_\_\_\_\_

NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ UNIT: \_\_\_\_\_

**\*\*\* SUBMITTED BY LOCAL PRESIDENT OR DELEGATE ONLY: \*\*\***

NAME: \_\_\_\_\_ PRESIDENT \_\_\_\_\_ DELEGATE

LOCAL # \_\_\_\_\_ SIGNATURE: REQUIRED \_\_\_\_\_