

**RISFL Firefighter of the Year Nomination Form
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:
Kevin D. Quinn
49 Woodman's Trail
Wakefield, RI 02879**