



## FIREFIGHTER OF THE YEAR NOMINATION FORM

Please return by July 15, 2024

Department \_\_\_\_\_ Chief \_\_\_\_\_

Chief email \_\_\_\_\_

**Nominee(s)** (Please include title, full name, email, and phone for each nominee)

### Category

Select one: Emergency response

Norman Knight Award for Excellence in Community Service

Select one: Individual Award

Group Award

### Incident

Date \_\_\_\_\_ Time \_\_\_\_\_

**Description** (Please include the following: conditions of circumstances, weather, extent of personal risk, victim risk, assistance.  
Additional space on page 2.)

Chief of Department signature\* \_\_\_\_\_

\* You will be asked to appear before the Heroic Awards Committee to further support your nomination.  
You will be notified about the date and time by our Event Coordinator.



Department of Fire Services  
Commonwealth of Massachusetts

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**Description Continued** (Additional space for: conditions of circumstances, weather, extent of personal risk, victim risk, assistance.)