



VALOR AWARD APPLICATION

1. NAME _____ RANK _____ WORK PHONE (_____) _____
HOME PHONE (_____) _____
HOME ADDRESS _____ ZIP CODE _____

2. NAME OF DEPARTMENT _____ LOCAL _____ DATE OF INCIDENT _____

3. DID MEMBER ACT ALONE IN THE RESCUE? YES ___ *NO ___ TIME OF INCIDENT _____

**IF NO, THIS PAGE OF THE APPLICATION MUST BE SUBMITTED FOR EACH MEMBER WHO IS TO BE CONSIDERED FOR AN AWARD FOR HIS/HER PART IN THE RESCUE (IT IS ONLY NECESSARY TO SEND ONE COPY OF THE DESCRIPTION OF THE RESCUE FOR MULTIPLE SUBMISSIONS). RESCUES INVOLVING MORE THAN 3 MEMBERS WILL BE CONSIDERED FOR SPECIAL RECOGNITION OR TEAM EFFORT AWARDS ONLY.*

4. LOCATION OF RESCUE:

A. Address of building _____

Height _____ Construction _____

Size/Occupancy _____ Floor where rescue took place _____

B. If not in building, give complete description so that physical setting can be recreated _____

5. PERSON(S) AIDED (1) (2) (3)

Name _____

Age/Sex _____

Rescue Breathing? Yes ___ No ___ Yes ___ No ___ Yes ___ No ___

External Cardiac Massage? Yes ___ No ___ Yes ___ No ___ Yes ___ No ___

Resuscitator Applied? Yes ___ No ___ Yes ___ No ___ Yes ___ No ___

6. DID MEMBER PERFORMING RESCUE RECEIVE ANY EMERGENCY TREATMENT? YES ___ NO ___
IF YES, SPECIFY _____

7. WAS MASK WORN BY MEMBER DURING RESCUE? YES ___ NO ___

WAS CHARGED HOSELINE IN POSITION TO PROTECT MEMBER DURING RESCUE? YES ___ NO ___

HOW WAS VICTIM REMOVED FROM SCENE? CARRIED ___ DRAGGED ___ ASSISTED ___ (NEXT) ☞

WAS LADDER USED IN THIS RESCUE? YES ___ NO ___ IF YES, INDICATE TYPE, SIZE AND PLACEMENT _____

8. WAS VICTIM REMOVED FROM: Immediate Fire Area ___ Directly Above Fire _____ Directly Below Fire _____
Other Area (Specify) _____

9. DESCRIPTION OF RESCUE (You may attach a separate report if available)

10. DIAGRAM OF HOME, APARTMENT OR AREA FROM WHICH VICTIM WAS REMOVED

- Indicate location of victim with an "X"
- Indicate path of entrance to area with a solid line (_____)
- Indicate path of exit (if different from entrance) with a broken line (_____)
- Indicate origin of fire (if known) by O with floor # inside
- Indicate area of fire with //////////////
- Indicate locations of hoselines with =====

Diagram should include all means of access to area (doors, windows, fire escapes) if applicable.

11. APPLICATION SUBMITTED BY _____ RANK _____
ADDRESS _____ ZIP CODE _____
NAME OF DEPARTMENT _____ LOCAL _____
DAYTIME PHONE NUMBER (_____) _____ PAGER (_____) _____
DATE _____

PLEASE MAIL COMPLETED APPLICATION WITH ANY ATTACHMENTS TO:

PROFESSIONAL FIREFIGHTERS ASSOCIATION OF NEW JERSEY
24 W. LAFAYETTE STREET
TRENTON, NJ 08608
O: 609-396-9766 / Fax: 609-396-0891

RETURN TO STATE OFFICE NO LATER THAN FEBRUARY 24, 2012