

**NOMINATION FORM**  
***EXEMPLARY PERFORMANCE***

**Nomination Category:**

- |   |  |
|---|--|
| <input type="checkbox"/> Citizen ("Good Samaritan")         | <input type="checkbox"/> First Responder         |
| <input type="checkbox"/> Ambulance/EMS Team (Air or Ground) | <input type="checkbox"/> Hospital or Trauma Team |
| <input type="checkbox"/> Physician or Surgeon               | <input type="checkbox"/> Law Enforcement         |
| <input type="checkbox"/> Other: _____                       |  |

**Nominee(s)** (*Please provide address and agency name for each nominee, (use additional pages if needed)*):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Agency: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Agency: \_\_\_\_\_

**Describe situation or call prompting nomination, (use additional pages if needed, include copy of PCR form if applicable):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why should this performance be considered **exceptional**?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of individual making nomination:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

e-mail address: \_\_\_\_\_



**PLEASE RETURN THIS FORM BY JANUARY 31st**

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