



# Westchester Regional EMS Council

## 2024 EMS Service Awards Nomination Application



In the table below, please indicate the category for which the applicant(s) are being nominated  
(See awards descriptions and criteria). All submissions are for the 2023 calendar year.

|  |              |
|--|--------------|
|  | EMS Citation |
|  | EMD Citation |

|  |                     |
|--|---------------------|
|  | Unit Citation       |
|  | Meritorious Service |

In the table below, please provide the nominated Agency's information.

|   |  |
|---|--|
| <b>Agency Name</b>                                    |  |
| <b>Agency Mailing Address</b>                         |  |
| <b>Point of Contact<br/>(Name &amp; Role / Title)</b> |  |
| <b>Point of Contact Phone</b>                         |  |
| <b>Point of Contact E-Mail</b>                        |  |

In the table below, please list the names of all involved crew members. If additional lines are  
necessary in order to include all nominees, a duplicate page should be utilized.

|     |  |
|-----|--|
| 1.  |  |
| 2.  |  |
| 3.  |  |
| 4.  |  |
| 5.  |  |
| 6.  |  |
| 7.  |  |
| 8.  |  |
| 9.  |  |
| 10. |  |

In the table below, please provide the nominating Person and/or Agency's contact information.

|   |  |
|---|--|
| <b>Name of Person and/or<br/>Agency Submitting the Nomination</b> |  |
| <b>Submitting Agency Contact Phone</b>                            |  |
| <b>Submitting Agency E-Mail</b>                                   |  |
| <b>Submitting Agency CEO / Chief<br/>Officer (PRINT)</b>          |  |
| <b>Submitting Agency CEO / Chief<br/>Officer (SIGNATURE)</b>      |  |



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**In the box below, please provide a brief description of the qualifying event.**

**In the box below, please provide a brief description of the reason for the award nomination.**