



**Governor's Alaska Council on Emergency
 Medical Services
 OUTSTANDING AMBULANCE AWARD
 NOMINATION FORM
 Deadline: August 31, 2016**



CRITERIA: A ground ambulance or first responder service which has had outstanding success in providing year-round community service & in gaining support & involvement of the entire community in its service & educational activities, or which has shown heroic performance on one or more occasion.

Your Name:	Your EMS Service, if applicable:
Mailing Address:	Work Telephone:
	Home Telephone:
	E-mail Address:
Relationship, if any, to Nominee (personal, financial, employment):	
<u>Name of Ambulance Service Nominated:</u>	Chief of Ambulance Service:
Mailing Address:	Work Telephone:
	Home Telephone:
	E-mail Address:
Number of paid personnel: Number of volunteer personnel: History of service: Number of runs during the past 12 months:	
Reason(s) for nomination and how Nominee meets the Award criteria (use second page if needed or attach any documentation to support the nomination, such as photo or newspaper article): 	
Your Signature:	Date:

Please scan and email nomination to: EMSAwards@alaska.gov or Fax to (907) 465-4101.