Nominee's Name	Years of Service	Highest Rank or Position	
FULL Name of Fire Department or District	Mailing Address		
Submitted by	DAYTIME Telephone #	EMAIL Address	
Has been selected as Volunteer of the Ye	ar from the		
		e Department/District	
The individual named above is hereby sul	bmitted for consideration for	the annual Volunteer of the Year.	
Deadline to submit a nomination is May 2	5, 2019.		
The top three award finalists will receive a	complimentary conference r	registration and two banquet tickets.	
This nominee must have bee		-	
agency for the year 2	2018 in order to be considere	ed for the award.	
Years in the fire service: Volun	teer: Yes No Paid:	Yes No Shirt size:	
		Association Office held:	
Number of department drills held in 2018:	ent drills held in 2018: Attended by nominee: Excused:		
Number of department activities held in 2	2018: Attended by	nominee:	
Number of committee activities held in 20	018: Attended by	nominee:	
How active is the nominee in your departs	ment?		
How does the nominee work to promote (and improve your fire depart	tment?	
Describe any activities the nominee partic service or extend the fire service into the c	·	artment which promote the fire	
Why do you feel this nominee should be s	elected as the 2019 Oregon	Volunteer of the Year?	

Please attach a separate page if additional space is needed. Please do not write on the back of this paper.

Send completed form to: Volunteer of the Year Committee 1284 Court St. NE Salem, OR 97301

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