



SDEMSA

Volunteer Emergency Medical Service of the Year Award

Any prehospital care provider is eligible for this award. This will include the following:

- Ambulance Services
- Rescue and First Responder Units
- The service must be predominately staffed by volunteers.

This award will be determined by a committee made up of the District Vice Presidents with the State Vice President as chairman.

This is an award for which a service may nominate itself.

Once a service has won this award, they will not be eligible again for 5 years.

Nominate your deserving agency below for the Volunteer Service of the Year Award. (* items denote required information)

Name of person completing this nomination* _____

Position of person completing this nomination* _____

E-mail of person completing this nomination* _____

Phone number of person completing this nomination (home and cell #'s)* _____

Name of agency of nominee* _____

Size, budget, staffing, number of vehicles and number of calls run by the service being nominated* (see below)

Why do you feel this provider or agency is worthy of the Volunteer Service of the Year Award? (Please include as many details as you can—awards, accolades, innovative programs, education/training/staff development, facilities/operations, collaboration with other healthcare departments, outreach, testimonials and supplemental information our judging panel can use to make their determination)*

Attach any supporting documentation (documents, photos, etc.) that support the nomination. * (text documents should be in word format, anything else in PDF format.)



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Volunteer Emergency Medical Service of the Year Award

This application and attachments are due to the State Vice President no later than July 1 of the current year. Any application received after July 1 will not be considered. ALL APPLICATION DOCUMENTS MUST BE EMAILED.

The current Vice President's email address is vicepresident@sdemsa.org

1. Service

Name: _____

2. EMS Permit

Number: _____

3. Number of

Members: _____

4. Number of

Vehicles: _____

a. Type:

b. Make:

c. Model Year:

5. Special Equipment:

6. Number of Yearly Calls:

7. Years of Service to the Community:

8. Types of Financing/annual budget:

Please attach the following to this application:

1. Letter of nomination from an outside agency such as law enforcement, hospital, city or anyone that wishes to support your application.
2. A detailed history of your service (please limit to no more than 500 words)