



New York State Volunteer Ambulance and Rescue Association, Inc.

P.O. Box 254, East Schodack, NY 12063

Phone: (877) NYS-VARA Fax: (518) 477-4430 Web site www.nysvara.org

NYSVARA SPECIAL AWARDS

Categories and Requirements

Requirements:

All nominees, except for certain categories, must have been an individual member of NYSVARA or belong to a member organization in good standing at the time of the act.

All nominees must have performed the act within the award period of July 1st – June 30th (for 2010 only from June 1, 2009 – June 30, 2010) of the previous year and the application must be submitted to the NYSVARA Special Awards Committee at least 45 days prior to the annual convention.

Categories:

EMS Meritorious Award: To give recognition to an individual or group, for an act involving a degree of unavoidable danger to be characterized as Great Personal or Group Risk.

EMS Unit Citation: To give recognition to a crew or unit, involving an outstanding unit operation, dependant upon teamwork and cooperation.

EMS Leadership Award: To an individual who has performed an outstanding service along with initiative and leadership, to NYSVARA or to a Member Organization in good standing of NYSVARA.

EMS Educator of Excellence: To an individual who through outstanding teaching, publication, or research that has greatly improved pre-hospital services at the local, county regional or state level, having some particular impact on the volunteer non-profit EMS community. The nominee must be recognized by the NYS Department of Health as a certified instructor.

EMS Person of Excellence: To an individual member in good standing or a member of a member organization in good standing with NYSVARA who has provided an exceptional contribution(s) to the EMS field, through demonstrated dedication, professional behavior or special services over a period of years.

Civilian Star of Life Award: Presented to an individual for their acts of personal bravery or their initiative and capability in the saving of a life. To be presented to a non-member, non medical professional and not affiliated with an EMS agency.

EMS Youth Squad of Excellence: To a Youth Squad of a member organization for performing outstanding services to their local squad, community or NYSVARA.

EMS Youth Squad Member of Excellence: To an individual member of a member organizations youth squad who has performed outstanding service to their local squad, community or NYSVARA while maintaining their school curriculum.

Licensed Emergency Medical Care Provider of Excellence: (MD, DO, NP, PA): To an the individual must be licensed in their title and shall be a contributor to the EMS community, show dedication, responsibility, professional behavior, ingenuity, special skills and insight to the pre-hospital setting, having a particular impact on one or more organizational members of NYSVARA.

Registered Nurse of Excellence: To a New York State licensed Registered Professional Nurse, serving in the EMS System. To be eligible an individual must have made contributions to the EMS community and show dedication, responsibility, professional behavior, ingenuity, special skills and insight to the pre-hospital environment. Contribution must have some particular impact on or relation to the non-profit EMS sector including member organizations of NYSVARA.

EMS Communications Specialist of Excellence: To an individual who is employed or volunteer with an organized dispatch center in the State of New York and has shown dedication, responsibility, professional behavior, ingenuity, special skills and an insight to pre-hospital communications. Contribution must have some particular impact on or relationship to the non-profit EMS sector including member organizations of NYSVARA

Applications for Special Awards MUST be submitted by e-mail, fax by August 20 or by regular mail with a post mark no later then August 15, 2010 for consideration.

New York State Volunteer Ambulance And Rescue Association
Special Awards Application

Candidate's name: _____

Home mailing address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Credentials (certifications, etc.)

RN MD/DO/NP/PA EMT-I EMT-CC EMT-P CFR

EMT-D Instructor (level) _____

EMT #: _____ Agency code: _____

Other credentials: _____

EMS Affiliation/ Organizations

Name of Organization: _____

Address of Organization: _____

City: _____ State: New York Zip: _____

Role/ Title: _____

Indicate the category for which the applicant is being nominated: (see awards description and criteria)

EMS Meritorious Award EMS Unit Citation EMS Educator of Excellence

EMS Leadership Award EMS Youth Squad Award EMS Person of the Year

EMS Youth Squad Member of Excellence Communications Specialist of Excellence

Civilian Star of Life Award Emergency Registered Professional Nurse of Excellence

Emergency Medical Care Provider (MD, DO, NP, PA) of Excellence

REASON FOR NOMINATION

(DESCRIBE IN DETAIL WHY CANDIDATE SHOULD RECEIVE THIS AWARD)

Application should be typewritten/word processed (in a #12 Font) to be considered.
USE THE REVERSE SIDE OF THIS FORM or ATTACH YOUR DOCUMENTS TOGETHER.

Name of person submitting nomination: _____

Name of Agency submitting nomination: _____

Contact Phone number: _____

Applications must be received by August 20 (e-mail, fax) or postmarked no later
then August 15, 2010. Please return completed application to:

NYSVARA Special Awards Committee -Teri Hamilton, Chairperson

Post Office Box 254

East Schodack, New York 12063

CELL PHONE: (914) 262-6969 E-MAIL: TNYSEMT@AOL.COM

PLEASE COMPLETE BOTH SIDES OF APPLICATION

DESCRIBE IN DETAIL WHY THIS NOMINEE SHOULD RECEIVE THIS AWARD

EMS Background:

Reason for award nomination:

Contribution to/ Impact on EMS:

PLEASE COMPLETE BOTH SIDES OF APPLICATION