



OUTSTANDING YOUNG EMERGENCY SERVICES PROVIDER

Nomination Form

The Virginia Jaycees annually select The Outstanding Young Virginians and honor them at an awards program. The awards ceremony dramatizes a winner's career in narrative form and provides a stage for the honoree to challenge and inspire Virginia's youth. In recent years we have added the Outstanding Young Emergency Medical Services Responder.

The purpose of the OYEMSR is to promote greater public awareness of, and appreciation for, those who serve to save lives in their community. Whether volunteer or paid, these individuals provide an essential invaluable service to their communities. The Jaycees are taking a national initiative in the recognition of these unsung heroes.

Following are rules governing nominations:

1. Age limit, 18-40. Not eligible if nominee becomes 41 before November 1, 2014.
2. A nominee must be a legal resident of Virginia, or must have applied for legal residency by **January 1 of this year**.
3. Nominee must sign nomination form personally. His/her signature will attest to all facts contained on the form, giving permission for publication of facts indicating willingness, (barring extreme circumstances), to attend the OYV Awards Ceremony, if he/she is the chosen winner.
4. If additional pages are attached to this form, please ensure the package is stapled and all pages clearly identify the name of the nominee.
5. A high-resolution digital photo or 5" x 7" black & white head and shoulder photo of the nominee must accompany the nomination forms, either in hard copy or electronic. Photograph will not be returned.
6. Nomination forms can be e-mailed to **oyv@va-jaycees.com** or mailed to:

**OUTSTANDING YOUNG EMS PROVIDER
VIRGINIA JAYCEES
PO Box 358
Hopewell, VA 23860**

Questions can be directed to President Jackie Julien at the above email address.

7. All entries must be postmarked by **October 14, 2014**.
8. Presentation of the Outstanding Young Virginians Award will be held at the Virginia Jaycee Fall meeting, Saturday evening, November 15, 2014 in Dulles.

Nominee's full name:					
Birth date:		Current citizenship		Place of birth:	
Home address:					
City		State:		ZIP:	
Home phone		Mobile phone:		E-mail address:	
Company name:		Job title:			
Business address:					
City:		State:		ZIP:	
Business phone:		Fax:			
Marital Status:		Significant Other's name:			

Children (Name, age):

Schools attended (degrees, academic honors, etc.):

Civic, fraternal, religious organizations and affiliations (e.g., American Red Cross, Director, 1996):

Published work:

EMS EXPERIENCE:

Current Squad/EMS Agency:			
Squad Address:			
Squad Business Phone:		Squad Captain or Chief:	
Hours Served Last Year:		Number of Calls Run Last Year:	
Years with this Squad:		Total Years in EMS:	

List the each level of EMS certification attained by the nominee, and the year that the nominee attained this certification:

List the rescue courses the nominee has passed and is qualified to practice:

What courses, if any, is the nominee qualified to teach? Please include how long the nominee has been qualified to teach each course.

Briefly describe a call that the nominee responded to during the last three years that deserves special recognition:

What, if anything, made this call more difficult than others?

Were there any special actions during this call?

Are there any special characteristics of the nominee that merit additional consideration for this award?

Nominator's Name:		Email:	
Address:			
City/State/Zip:			
Business Phone:		Home Phone:	
Occupation, Organization or Jaycee Chapter:			
Signature: <i>(If submitted by e-mail, type nominator's full name here.)</i>			

FOR NOMINEE: I attest to all facts on this form and give permission for the facts to be used for publication. With agreement to accept an OYV Award, I understand that barring extreme circumstances, the nominee is required to be present at the OYV Ceremony. The fact that an individual has been selected must remain confidential prior to the formal announcement by The Virginia Jaycees.

I have read and understand the preceding information. I attest to all facts contained on this form and give permission for the facts to be used for publication.

Signature of Nominee: _____ **Date:** _____

(If submitted by e-mail, type nominee's full name here.)