Minnesota Emergency Medical Services Association

Awards Nomination Packet

EMR of the Year
ALS/BLS Person of the Year
EMS Service of the Year
Golden Stork Award

Nomination Criteria:

<u>EMR of the year & EMS Service of the Year</u>

1. **Each Region may submit as many individuals/services as they wish.**
2. **Application form must be completed for each nominee/service.**
3. **All attached pages must be 8.5" x 11", not to exceed 20 pages.**
4. **Application must be postmarked no later than August 1st of nomination year.**
5. **Service defined as: EMR squad, BLS or ALS ambulance, Rescue Squad, Fire Department or Law Enforcement.**

<u>Golden Stork Award</u>

1. **Limited to pre-hospital care provider for pre-hospital delivery.**
2. **Documentation of birth must be attached, a copy of the state or local run report serves as documentation.**

Certificates will be issued to all members listed on the application form.

Mail completed forms to:

MEMSA
Attn: Awards Nomination
PO Box 244
Mountain Lake, MN 56159

2019 *MEMSA* Officers:

President – Stan Stocker, 507-381-7432, (stockcon@frontiernet.net)
Secretary – Brenda Roberts, 218-371-5265, (brendywa@yahoo.com)
Treasurer – Emily Adrian, 507-822-2522, (e_adrian04@hotmail.com)
Membership – Rick Like, 507-227-3177, (rdlike@frontiernet.net)

Forms may be photocopied if needed.

Minnesota Emergency Medical Services Association

EMR/EMT/EMS Service of the Year Awards Nomination Form

_____ EMR **_____ EMT (or higher)** **_____ EMS service**

Name of Nominee _____
Address _____
City/State/Zip _____
Region _____
Level of Training: **_____ EMT (or higher)** **____ First Responder**

Type of Service: **___ ALS ambulance** **____ BLS ambulance**
____ Rescue Squad **____ First Responder**
____ Fire Department **____ Law Enforcement**

City/Service Affiliation_____
Person submitting _____
Address _____
City/State/Zip _____
Phone number _____
Email _____

Describe why this person/service should be considered for the award designated above. Please include: newspaper articles, photos, letters of support from: City or County Official, Law Enforcement, Medical Advisors, Co-Workers or other concerned persons, 20 page limit.

List persons that can verify achievements.

Name	Address	City	Phone

MEMSA USE ONLY: Date received _____ **By** _____

Minnesota Emergency Medical Services Association

Golden Stork Award Nomination Form

Name of Nominee _____
Address _____
City/State/Zip _____
Region _____

City/Service Affiliation_____
Person submitting _____
Address _____
City/State/Zip _____
Phone number _____
Email _____

Names of those assisting with pre-hospital delivery: (please print clearly)

1._____ **2.** _____
3. _____ **4.** _____
5. _____ **6.** _____

Date of Delivery: _____ **Place of delivery:** _____ **(ambulance/home/etc)**

Name of parents: (if available) _____

Name of baby: (if available) _____ **Male / Female**

_____
Signature of Service Director/Medical Director/Advisor

****Limited to 4 pin recipients awarded by MEMSA.**
****Additional pins available for purchase at the MEMSA conference.**