

SPOKANE COUNTY EMS AWARDS NOMINATION APPLICATION

Categories (please select which category you are nominating for)

BLS Responder

ALS Responder

EMS Agency

Special Services

Telecommunications

EMS Instructor

ESSO

Safety

EMS Hero

Outstanding Lifetime Service

Nominee _____ EMS Agency _____
(First Name) (Last Name)

Address _____ Zip _____ Phone _____

Describe the individuals' qualifications/accomplishments. (Attached additional sheets/articles, etc. if necessary)

PLEASE PRINT OR TYPE

Submitted by: _____ Email: _____
(Please print name & agency)

Please send completed forms to:
Spokane County EMS Office
44 W. Riverside Ave. Spokane WA 99201
Forms can also be emailed to bvanhout@spokanecity.org