



Awards Nomination Packet

**EMR of the year
ALS/BLS person of the year
EMS Service of the year
Golden Stork**

Nomination Criteria:

-Must be a MEMSA member to receive an award.

EMR of the year & EMS Service of the year

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 September 1st of nomination year.
5. Service defined as: EMR squad, BLS or ALS ambulance, Rescue Squad, Fire Department or Law Enforcement.

Golden Stork Award

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

MEMSA Officers:

President – Stan Stocker, 507-381-7432, (stanleystocker7@gmail.com)

Vice President – Stephanie Dorweiler, 507-351-0282, (sglisczinski@gmail.com)

Secretary – Randee Nelson, 507-380-0168, (randee.nelson@co.watonwan.mn.us)

Treasurer – Emily Adrian, 507-822-2522, (e_adrian04@hotmail.com)

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.

**Must be a MEMSA member to receive award.