

COURAGE

VALLEY PREFERRED

SPirit OF COURAGE NOMINATE A HERO

SPirit OF COURAGE AWARD

Awarded to individuals or groups that have performed exceptionally courageous acts to save someone from death or serious injury from any fire source. Civilians and first responders may receive this award. The rescue attempt must have involved a significant degree of personal risk – exposure to either death or severe injury – occurring between May 1, 2019, and April 30, 2020.

PARTNERS IN PREVENTION AWARD

Awarded to individuals, groups or organizations that have done an outstanding job educating community members about fire safety and burn prevention. Special consideration given for reaching large numbers of target populations or for service over an extended period.

Award winners will be honored at the 15th Annual Valley Preferred Spirit of Courage Award Celebration on Sept. 29 at Lehigh Valley Hospital–Muhlenberg in Bethlehem, Pa.

Proceeds from this program will benefit the Burn Prevention Network and Lehigh Valley Health Network’s Regional Burn Center. This event is sponsored by Valley Preferred, a provider-led, preferred provider organization.

Valley Preferred

LEHIGH VALLEY HEALTH NETWORK

TO NOMINATE YOUR HERO, USE FORM BELOW.

Visit burnprevention.org to view samples of previous award recipients.

Nominations are due May 3, 2020.

BENEFITING



REGIONAL BURN CENTER



A program of the Burn Prevention Network

VALLEY PREFERRED
SPIRIT OF
COURAGE
AWARD CELEBRATION SEPT. 29, 2020

Send all nominations by May 3.


OPTIONS:

Complete form, print and mail with attachments to
Burn Prevention Network
236 N. 17th St., 2nd Floor
Allentown, PA 18104

OR

Email with attachments to
burnprev@fast.net

OR

Upload here: 

CONTACT US:

PHONE: 610-969-3930

FAX: 610-969-3940

EMAIL: burnprev@fast.net

WEBSITE: burnprevention.org

2020 NOMINATION FORM (Please print)

NOMINEE INFORMATION:

NOMINEE NAME

ORGANIZATION/AFFILIATION

ADDRESS

CITY/STATE/ZIP

PHONE EMAIL

NAME OF NOMINEE'S SUPERVISOR OR ASSOCIATE

PHONE EMAIL

NOMINATOR INFORMATION:

Type of Nominator Organization Individual

NAME OF ORGANIZATION OR INDIVIDUAL

NAME OF REPRESENTATIVE (IF NOMINATOR IS AN ORGANIZATION)

ADDRESS

CITY/STATE/ZIP

PHONE EMAIL

SPIRIT OF COURAGE AWARD PARTNERS IN PREVENTION AWARD

NOMINATION DETAILS

Date of heroic act _____

OR

Period covered by educational services _____

Location of event _____

Names of person, people or group of people who were impacted by this person's actions _____

Please attach a separate page and explain why you believe this person is deserving of the Spirit of Courage or Partners in Prevention award. Please provide as much detail as possible. The Spirit of Courage is awarded to an individual, so be specific about the person's role in the rescue and risks taken. Points to include:

- Specific actions the nominee took that affected other people's lives
- Risks to life or safety the nominee faced (for Spirit of Courage nominees)
- Impact of nominee's actions on others
- Possible outcome if the nominee had not acted
- How the nominee's actions embodied the spirit of the award for which they are nominated

ATTACHMENTS-IMPORTANT!

Please attach official reports, news articles, links and any additional information for the benefit of the award Selections Committee.

NOMINATION DEADLINE: May 3, 2020

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