

SDEMTA

EMERGENCY MEDICAL SERVICE of the YEAR

- Any pre-hospital care providing service is eligible for this award. This will include the following: ambulance, rescue, and first responder units.
- All nominations will be sent to the state Vice President by July first (1st) of each year.
- This award will be determined by the State Vice President and all seven (7) District Vice Presidents. Only the district Vice President's will have a vote, with the tie vote determined by the State Vice President.

—This is an award for which a service nominates itself, and will include the following information—

- Letter of nomination from an outside agency, such as law enforcement, a hospital, etc.
- History of the Service. (Approximately 500 words)
- Years of service to the community.
- Special projects, services outside of EMS.
- Public relations programs.
- Number of members.
- Special equipment. (Hearst tools, etc.)
- Training programs.
- Number of vehicles, type, make, year, etc.
- EMS permit number.
- Number of yearly calls.
- Types of financing, support, fund raisers, etc.

SDEMTA

EMERGENCY MEDICAL SERVICE of the YEAR

- All nominations will be sent to the state Vice President by July first of each year
- Any pre-hospital care provider is eligible for this award. This will include the following: ambulance, rescue and first responder units. This is an award for which a service nominates itself and will include the following information.
- This award will be determined by the State Vice President and all seven District Vice Presidents. Only the district Vice President's will have a vote, with the tie vote be determined by the State Vice President.
- Once a service has won the award, they will not be eligible to win the award for five fiscal years.

Name of Service: _____

EMS Permit Number: _____

Number of Members: _____

Number of Vehicles: _____

Types of Vehicles: _____

Make of Vehicles: _____

Year of Vehicles: _____

Special Equipment: _____

Number of Yearly Calls: _____

Years of Service to the Community: _____

Types of Financing, (ie; fund raisers, taxing district, etc): _____

Please attach the following to this application:

1. Letter of nomination from an outside agency, such as law enforcement, hospital, etc.
2. A detailed history of your service, approximately 500 words.
3. Public relations programs or activities. Please be specific and detailed. Any and all forms of video, news reports or other data may be attached to supplement your application.

All nominations will be sent to the state Vice President by July 1st of each year.

Mail to:

Gary Lembcke
105 S. Cardinal
Brandon, SD 57005

Or e-mail to:

firefighter22@alliancecom.net