

SDEMTA EMT of the YEAR

REQUIREMENTS:

- NOMINEE MUST BE A SDEMTA MEMBER
- NOMINEE MUST HAVE BEEN AN EMT FOR A MINIMUM OF 2 YEARS

(PLEASE USE ADDITIONAL PAPER IF NEEDED)

1. NAME: _____
2. FAMILY: _____
3. SDEMTA DISTRICT: _____
4. AMBULANCE SERVICE OR FIRST RESPONDER UNIT: _____

5. NUMBER OF YEARS AS AN EMT: _____
6. EMT RELATED EXTRA CURRICULAR ACTIVITIES (PAST AND PRESENT
7. COMMUNITY ACTIVITIES, CLUBS, ETC. (NON-EMT): _____

8. WHAT MAKES THIS CANDIDATE A STANDOUT AND WHY SHOULD THIS PERSON BE NAMED SDEMTA EMT OF THE YEAR : _____

9. OTHER COMMENTS ABOUT THE NOMINEE: _____

Please submit your nomination to your district President in time so the district's choice can be to the State President before July 1, 2009.