



9-1-1 LOCAL HEROES AWARD

DESCRIPTION

This award honors and recognizes 9-1-1 dispatcher(s) and the person(s) placing the call who both have demonstrated exceptional leadership qualities while answering & responding to a true immediate emergency situation where law enforcement, firefighters or emergency medical help was required.

ELIGIBILITY

9-1-1 dispatchers and callers of all ages are eligible for this award.

CRITERIA

A 9-1-1 Dispatcher nominated for this will have demonstrated several of the following examples of exceptional leadership:

- ★ Motivates and inspires the people around them to accomplish more than they would have normally;
- ★ Inspires a high level commitment from others when taking on new initiatives;
- ★ Creates a compelling vision for the future and helps others understand their role in achieving it;
- ★ Actively shares responsibility, authority, information and credit when working towards the achievement of a goal;
- ★ Gives team members all of the tools, authority and trust needed to achieve their tasks;
- ★ Takes prompt decisive action to resolve issues quickly and effectively;
- ★ Communicates in a manner which is fair, straight forward, honorable and open;
- ★ Sets a high standard of integrity by leading through example and maintains high personal standards.

SELECTION

A nomination form must be completed and submitted to 9-1-1 for Kids: Public Education & Caller Training - 9-1-1 Local Heroes Awards

- ★ The 9-1-1 Local Heroes Awards Committee will determine the award recipient(s).
- ★ The Committee will notify recipient of their selection.
- ★ Awards are presented at State, Regional, National and International public safety conferences and events.
- ★ Awardees are presented with the 9-1-1 Heroes Medal of Honor, the 9-1-1 Local Heroes Commendation and often legislative and regional government awards and commendations.

SUGGESTED INFORMATION

Please provide specific, detailed information and dates of the 9-1-1 call to support the nomination. Additionally an audio tape is welcomed but not required. The information provided will be used by the 9-1-1 Local Heroes Awards Committee to determine the recipient of this award.

- ★ Description of the accomplishment.
- ★ Why does the nominee deserve to receive the 9-1-1 Local Heroes Award?
- ★ What impact has the nominee's accomplishment had on 9-1-1 public education?
- ★ This individual has demonstrated most or all of the criteria listed above.
- ★ How has the nominee's accomplishment supported 9-1-1's Vision, Mission?
- ★ Include additional comments.

Please send nomination packages to

If you have any questions, please contact one of the representatives listed BELOW

9-1-1 FOR KIDS: PUBLIC EDUCATION & CALLER TRAINING

14340 Bolsa Chica Road, Suite C | Westminster, CA 92683 | (714) 894-5450 or (714) 330-3404

Facsimile: (714) 333-4911 | Website: www.911forkids.com | Email: info@911forkids.com

GLOBAL COORDINATOR

NICHOLE PALJUNGAS (nicholepaliungas@911forkids.com) | Cell Phone: (310) 292-0506

PUBLIC RELATIONS / PROMOTIONS / SOCIAL MEDIA

HANNA JOY CASTILLO (hannahjoycastillo@911forkids.com) | Cell Phone: (714) 486-9055

RITA CALDERON (ritacalderon@911forkids.com) | Cell Phone: (714) 745-6684

KEELY NELSON (keelynelson@911forkids.com) | Cell Phone: (310) 218-8674



9-1-1 HERO AND/OR DISPATCHER NOMINATION FORM

(Heroes can be of any age, also animals are acceptable)

Step 1: Complete form

MAIL/EMAIL to: 9-1-1 for Kids (info@911forkids.com)

Step 2: FAX to (714) 333-4911

14340 Bolsa Chica Road, Suite C ★ Westminster, CA 92683

Organization / Individual Submitting Nomination

9-1-1 Communication Center:		Website:
Do you have a 911 Public Education / Consumer Training Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PSAP Director:	Phone: () () ()	Email:
PIO:	Phone: () () ()	Email:
911 Education Rep:	Phone: () () ()	Email:
Address:		
City:	County:	Zip:
Phone: () () ()	Facsimile: () () ()	Other Phone: () () ()
Contact to call about nomination (if we have questions):		Email:
Direct Dial: () () ()	ext. / Cell Phone: () () ()	/ Facsimile: () () ()
Is an edited version of the audio recording of the Call available for the Media? <input type="checkbox"/> Yes <input type="checkbox"/> No (please send CD of call /can be edited)		
Are there any television video news clips? <input type="checkbox"/> Yes Newspaper features? <input type="checkbox"/> Yes Radio Interviews? <input type="checkbox"/> Yes		

CALLER HERO & DISPATCHER'S INFORMATION

Youth Hero's Name:	Age:	Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
T-Shirt Size of Youth Hero (Please circle): Youth / Adult XS S M L XL			
Parent or Guardian's Name(s):		E-mail:	
Address:			
City:	State:	Zip:	
Daytime Phone: () () ()	Evening Phone: () () ()	Wireless: () () ()	

Dispatcher Hero(es) Name(s) & Information:

1. Dispatcher: _____	Title: _____	Email: _____
Daytime Phone: () () () _____ Cell Phone: () () () _____		
Mailing Address: _____		City: _____ Zip: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: ___/___/___ No. yrs. as dispatcher ___ No. yrs. at this PSAP: ___ Shirt Size (circle one): Med Lrg XXL		
Names of Family/Guests Attending Ceremony /Press Conference:		
1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
7. _____	8. _____	
2. Dispatcher: _____		
Title: _____ Email: _____		
Daytime Phone: () () () _____ Cell Phone: () () () _____		
Mailing Address: _____		City: _____ Zip: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: ___/___/___ No. yrs. as dispatcher ___ No. yrs. at this PSAP: ___ Shirt Size (circle one): Med Lrg XXL		
Names of Family/Guests Attending Ceremony /Press Conference:		
1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
7. _____	8. _____	
3. Dispatcher: _____		
Title: _____ Email: _____		
Daytime Phone: () () () _____ Cell Phone: () () () _____		
Mailing Address: _____		City: _____ Zip: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate: ___/___/___ No. yrs. as dispatcher ___ No. yrs. at this PSAP: ___ Shirt Size (circle one): Med Lrg XXL		
Names of Family/Guests Attending Ceremony /Press Conference:		
1. _____	2. _____	3. _____
4. _____	5. _____	6. _____
7. _____	8. _____	



9-1-1 Incident Report Information

Please be specific with your description

(Include WHO was involved, WHAT was involved, WHERE the incident occurred in appropriate spaces below)

Location of Call: City _____ | County _____

Date of 9-1-1 Call: ____ / ____ / 20____ | **Time of 9-1-1 Call:** ____:____ am/pm *till* ____:____ am/pm

WHO was ASSISTED or SAVED?: (Name of family members/neighbors, other involved in incident)

RESPONSE TEAM(s): (Name(s) of Rescue Officials - i.e. Fire Dept., Unit #53, Capt. John Jones)

WHAT HAPPENED?: (describe the event/or attached detailed transcript of report)

WHERE: (where the event took place – home, school, mall, theater, car, etc.):

OTHER: (miscellaneous facts):

If you have any questions, please contact the representatives listed BELOW

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