



ILLINOIS SOCIETY OF FIRE SERVICE INSTRUCTORS

2010 TRAINING OFFICER OF THE YEAR NOMINATION FORM

Name of Nominee _____

Nominee's Title and Employer _____

Name of Nominee's Supervisor/Chief _____

Does the Supervisor/Chief support the nomination? _____

Name of person(s) making nomination _____

Address of person(s) making nomination _____

Phone number _____ Email _____

1. List the titles of the types of fire service training/audience groups that the nominee has impacted during the year, in descending order of importance:

a. _____

b. _____

c. _____

2. List no more than five (5) activities by the nominee that exemplify the qualities fostered by the ISFSI:

a. _____

b. _____

c. _____

d. _____

e. _____

3. Identify the nominee's primary contribution to enhancing the image of the fire service and the ISFSI:

4. In 500 words or less, summarize the impact the nominee has had on students, trainees, peers, supervisors, and/or the public (attach additional/separate page if necessary):

Signature of person making nomination _____

Date _____

**SUBMIT COMPLETED NOMINATION FORM NO LATER THAN
MONDAY, SEPTEMBER 6, 2010**

**TO:
ISFSI**

**ATTN: INSTRUCTOR OF THE YEAR
450 AIRPORT ROAD, SUITE 106, ELGIN, IL 60123**