



Office of U.S. Representative Martha McSally
Congressional First Responder of Distinction
Award Nomination Form

Tucson Office
4400 E. Broadway Blvd. Suite 510
Tucson, AZ 85711
(520) 881-3588
(520) 322-9490 fax

Sierra Vista Office
77 Calle Portal Suite B160
Sierra Vista, AZ 85635
(520) 459-3115
(520) 459-5419 fax

Nominator Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email : \_\_\_\_\_

About the First Responder

Nominee Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Legal Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Position: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Rank: \_\_\_\_\_ Medals/ Recognitions earned: \_\_\_\_\_

The following pages must be filled out in black or blue ink with legible printed writing, or a separate typed letter can be attached addressing each topic. In order for the individual or group to receive full consideration by the board all of the following questions must be answered accurately and honestly to the best of your ability. The final page is a privacy release that must be signed by the first responder and included.

Nominations must be received by Friday, April 8th, 2016

Nomination form and any additional materials must be received by the deadline at either the Tucson or Sierra Vista offices in person, by US Mail, fax, or emails at Lindsay.Dearing@mail.house.gov or Nancy.Heiser@mail.house.gov





**TO BE FILLED OUT BY THE FIRST RESPONDER**

**- PLEASE READ BEFORE SIGNING -**

**The Office of Congresswoman Martha McSally will NOT release the personal information of any individual; however the stories of chosen award recipients will be shared with the public in recognition of the individual and for promotional purposes.**

\_\_\_\_\_ (initial) If chosen to receive this award, I will be available to attend the award ceremony on May 3, 2016 at the Public Safety and Emergency Services Institute located at 4355 East Calle Aurora, Tucson, AZ 85709.

I require accommodations for disabilities. (Check one) Yes \_\_\_\_ No \_\_\_\_

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

I certify that I am a legal resident of the State of Arizona and Arizona Congressional District Two. I understand that by signing this form I acknowledge if I am chosen to receive this award I am agreeing to a potential release of my information related to my acts of service associated with the receipt of this award. I further agree to the release of photographs taken both at the event and provided in preparation for the event for promotional purposes.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_