



### *2017 Heroes Breakfast*

**AWARD CATEGORIES:**

|                                     |   |
|-------------------------------------|---|
| <b>Disaster Relief</b>              | Presented to an individual or organization who exhibited heroic efforts in response to a natural disaster or emergency situation, providing relief to victims through financial or voluntary assistance.  |
| <b>Nurse</b>                        | Presented to a licensed and practicing nurse, nursing student or retired nurse who exhibited heroism either in response to an emergency situation or through an ongoing commitment to the community.  |
| <b>Law Enforcement</b>              | Presented to a professional police officer(s) or related law enforcement official, including dispatches, who exhibited heroism either in an emergency situation or through an ongoing commitment to the community.                              |
| <b>Military</b>                     | Presented to an active, reserve, ROTC or retired member of the Armed Forces or military supporter, who acted heroically above and beyond the call of duty.  |
| <b>The Charles Drew Award</b>       | Presented to a blood donor or organization that promotes community blood donation awareness and helps to build the community blood supply.  |
| <b>Good Samaritan Adult</b>         | Presented to an outstanding adult who responded to a potentially life-threatening situation or unexpected crisis.   |
| <b>Good Samaritan Youth</b>         | Presented to an outstanding youth who responded to a potentially life-threatening situation of unexpected crisis.   |
| <b>Firefighter</b>                  | Presented to a professional or volunteer firefighter(s) or medical personnel related to dispatcher operations who acted heroically above and beyond the call of duty, in an emergency situation or through ongoing commitment to the community. |
| <b>Emergency Medical Assistance</b> | Presented to an individual(s) who, during a time of crisis, provided medical assistance, including CPR, water rescue, and/or first aid to a person or persons in need.  |
| <b>Community Impact</b>             | Presented to an individual or organization displaying leadership and commitment to the community by making a positive, noticeable and significant impact on society.  |

**CRITERIA FOR NOMINATIONS:**

- The nomination form must be clearly, accurately and completely filled out by December 1, 2016.
- Please print or type the information.
- The nominee must have exhibited a heroic effort aiding a victim.
- The event must have occurred in the recent past.
- The nominee must live in the Bi-State area.
- Send your completed nomination form to:  
**American Red Cross, 10195 Corporate Square Drive, St. Louis, MO 63132**
- Submit your nomination online at: <https://americanredcross.wufoo.com/forms/pi37f9w08kbc22/>
- Any questions, please call **314-516-2782** or visit [redcross.org/STLHeroes2017](http://redcross.org/STLHeroes2017)





### NOMINEE

Name: \_\_\_\_\_ Age (actual or approximation): \_\_\_\_\_

Gender: (circle one)                      Male                      Female

Parent's Name (if nominee is younger than 18 years old): \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### INCIDENT NARRATIVE REPORT

Briefly describe the actions of the nominee(s). Include all details — who, what, when, where and how. If names of persons participating in the rescue (who had personal contact with the victim) appear in the narrative and are not listed as nominees, please explain. Please attach explanation sheet(s).

*Please include at least one corroborating document: witness statement, newspaper account, letter from supervisor, medical report, statement from witness or police report, or other.*

### PEOPLE WHO CAN VERIFY THE INCIDENT

#1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

How did you learn about the Heroes Breakfast program? \_\_\_\_\_

### NOMINATOR INFORMATION

Name: \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_

Home Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best time to contact: \_\_\_\_\_

### BUSINESS INFORMATION

Name of Business: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Day Phone for Contact Person: \_\_\_\_\_

Email for Contact Person: \_\_\_\_\_

**THANK YOU!**