



Fire Safe Council of Nevada County
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2018 Fire Safe Award Nomination Form
Due by January 15, 2018 to the Fire Safe Council office.

AWARD CATEGORIES

Volunteer of the Year - Exemplifies the mission of the FSCNC with extensive personal commitment and dedication to programs/projects, community fire protection outreach, and/or operational support. Engages in other activities supporting the FSCNC in developing partnerships, funding opportunities, and/or communicating the fire prevention message.

Firewise Community of the Year - Exemplifies the mission of the FSCNC, has an effective and independent Firewise Committee, assists in educating community on fire safe programs, defensible space, and emergency preparedness. Works annually to retain Firewise designation. Actively supports the FSCNC and Firewise program by enlisting volunteers, sponsoring a Scotch Broom Challenge, and/or community fuels reduction projects.

Fire Safe Partner of the Year - Exemplifies the mission of the FSCNC, provides in-kind or direct program funding support and technical expertise to expand the effectiveness and efficiency of the Councils efforts. Demonstrates leadership by developing community partnerships, and expanding community awareness for wildfire mitigation and fire safety.

The Fire Safe Council of Nevada County's Mission Is:

To provide Firewise education and programs to enhance emergency preparedness for catastrophic wildfire to all citizens in Nevada County in order to reduce the loss of life, property, and natural resources, and to promote Firewise Communities/USA®; to network with other Fire Safe Councils, Firewise Communities/USA®, governmental agencies, and foundations, for the benefit of the citizens of Nevada County.

NOMINATION INFORMATION

Nominator Name: _____ Phone: _____

Email Address: _____

Nominee Name: _____ Category: _____

Nominee Phone: _____ Email: _____

Please describe how you believe the nominee fulfills the mission of the Fire Safe Council in the category nominated (use additional sheets if necessary): _____
