

American Red Cross

Health and Safety Services Lifesaving Award Nomination Form

The _____ Chapter of the
American Red Cross nominates the person(s) listed within to receive the
(check one)

Certificate of Merit*

**American Red Cross
National Lifesaving Award for
the Professional Responder***

This is for (check one):

INDIVIDUAL AWARD TEAM AWARD (In the event there is more
than one nominee for the same lifesaving or
life-sustaining action.)

This nomination is being submitted by—

Nominator: _____

Phone: _____

Red Cross Unit contact—

Name of Contact: _____

Address: _____

City/State/Zip: _____

Contacts Daytime Phone: _____ E-mail Address _____

Signature of Chapter Executive: _____

FOR USE BY LEAD UNIT ONLY (for Certificate of Merit only)

<input type="checkbox"/> APPROVED	Signature of Approving Authority	Date Nomination Sent to NHQ
<input type="checkbox"/> NOT APPROVED	Reason for Disapproval	Date Returned to Red Cross Unit

FOR USE BY NATIONAL HEADQUARTERS ONLY

Date Received:

Record Number: _____

* This nomination form may be used as an internal unit document to verify eligibility for the Certificate of Extraordinary Personal Action. If used for the Certificate of Extraordinary Personal Action, **do not** forward to lead chapter for approval.

Information Regarding the Nominee

(If team award, complete this page for each nominee)

(Please Type or Print)

PERSONAL DATA			
Name (as it is to appear on the Certificate)	Age (actual or approximation)	Gender (M or F)	Parent's Name (if nominee is younger than 18 years old)
Permanent Home Address			Occupation
Daytime Phone:	Evening phone:	E-mail address:	
Congressional District Number (based on nominee's permanent home address)	Name of U.S. Representative (based on nominee's permanent home address)	If active duty military, branch and rank.	

NOMINEE'S TRAINING

List American Red Cross Health and Safety Services training courses completed by nominee that support this nomination. (See criteria number 7, Documentation, or verification of training)

Name of Course	Date	Location	Name of Instructor

Statement by the nominee if course record or certificate can not be located giving type of course, course location, date(s) or course (if not known, then approximate), and name of instructor (if possible).

Signature: _____

Other Red Cross Training: (Check all that apply.)

- First Aid CPR Water Safety Lifeguarding
 Other: _____

SKILLS USED IN SAVING OR SUSTAINING LIFE OF VICTIM: (check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Airway cleared (head tilt) | <input type="checkbox"/> Airway cleared (abdominal thrust) | <input type="checkbox"/> Rescue Breathing |
| <input type="checkbox"/> Chest compressions (CPR) | <input type="checkbox"/> AED | <input type="checkbox"/> Controlled severe bleeding |
| <input type="checkbox"/> Care for shock | <input type="checkbox"/> Care for poisoning | <input type="checkbox"/> Care for burns |
| <input type="checkbox"/> Water Rescue with equipment | <input type="checkbox"/> Water rescue swimming | |
| <input type="checkbox"/> Other _____ | | |

STATISTICAL DATA

		Yes	No			Yes	No
Did victim receive medical care?		<input type="checkbox"/>	<input type="checkbox"/>	Did victim have a pulse when emergency personnel arrived?		<input type="checkbox"/>	<input type="checkbox"/>
Is victim still alive?		<input type="checkbox"/>	<input type="checkbox"/>	Did nominee have a duty to respond? *		<input type="checkbox"/>	<input type="checkbox"/>

* See criteria for appropriate award.

CONSENT TO USE NAME AND PHOTOGRAPH OF NOMINEE

(Use one copy of this form for each nominee.)

At some time in the future the American Red Cross may choose to incorporate the activities of the Health and Safety Services Lifesaving Award recipients into public relations and marketing pieces that promote American Red Cross Health and Safety Services courses, including first aid, CPR, and water safety training. These materials may be used in various media including print articles, advertisements, television shows, Red Cross web site articles, or commercials.

If you consent to the use of your name and picture in such materials, the American Red Cross may contact you to discuss the background or the rescue in which you were involved. If you do not want us to use your name, we reserve the right to change names and use the background information and facts regarding the rescue.

Regarding name:

- I authorize the American Red Cross to use my name in any public relations and marketing pieces that they may choose to do.

- I do not authorize the American Red Cross to use my name in any public relations and marketing pieces they may choose to do.

Regarding photograph:

- I authorize the American Red Cross to use my picture in any public relations and marketing pieces that they may choose to do.*

- I do not authorize the American Red Cross to use my picture in any public relations and marketing pieces they may choose to do.

(Signature of Nominee)

(Date)

(Signature of Parent/Guardian of Nominee, if nominee is under age 18)

(Date)

(Signature of Notary or Other Witness to Signature Above)

(Date)

* Please provide picture.

CONSENT TO USE NAME AND PHOTOGRAPH OF VICTIM

(Use one copy of this form for each victim.)

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- I do not authorize the American Red Cross to use my name in any public relations and marketing pieces they may choose to do.

Regarding photograph:

- I authorize the American Red Cross to use my picture in any public relations and marketing pieces that they may choose to do.*

- I do not authorize the American Red Cross to use my picture in any public relations and marketing pieces they may choose to do.

(Signature of Victim)

(Date)

(Signature of Parent/Guardian of Victim, if nominee is under age 18)

(Date)

(Signature of Notary or Other Witness to Signature Above)

(Date)

* Please provide picture.

Information Regarding Victim

(If more than one victim, use one copy of this form for each victim.)

(Please Type or Print)

PERSONAL DATA

Name (as it is to appear on the Certificate)	Age (actual or approximation)	Gender (M or F)	Parent's Name (if victim is younger than 18 years old)
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Permanent Home Address

Daytime phone:	Evening phone:	E-mail address:
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May the victim's name be used in the citation? Yes No

INFORMATION ABOUT THE INCIDENT

Date of Incident	Place of Incident
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Month/Day/year (City, State)

WHERE?

Briefly describe the location of the incident and the environmental conditions.

WHAT?

Describe the type of incident and the injuries sustained.

NARRATIVE REPORT

Briefly describe the actions of the nominee(s). Include all of the 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. Begin your narrative in this space. Attach additional sheets only if necessary.

Instructions and Criteria for the Red Cross Unit Forwarding a Nomination For the *American Red Cross Certificate of Merit*

INSTRUCTIONS:

1. Complete the entire application, except for those items marked for lead unit or national headquarters use. Incomplete applications will be returned to the Red Cross unit. Use “NA” for not applicable. If this is a team award, complete one page 2 for each nominee.
2. The application form should identify only one lifesaving or life-sustaining act.
3. Supporting documentation must be attached to the original of the nomination form. (See Criteria no. 7 below on documentation.) If written documentation for witness(es) or medical reports are not available, the Red Cross nominating unit forwarding the nomination must submit a report explaining why the documentation is not available.
4. **Copy the completed application along with documentation and mail the original and one copy to the lead Health and Safety Services unit.** The nominating unit’s contact person should retain one copy of the application and supporting materials. The lead unit will review and forward approved application and supporting materials to Health, Safety and Community Services at national headquarters.

CRITERIA:

1. Person(s) having saved or sustained a human life by using skills and knowledge gained from successfully completing an American Red Cross Health and Safety Services nationally designed or nationally certified course before performing a lifesaving or life-sustaining act are covered by this nomination. *NOTE:* Person(s) who perform a lifesaving or life-sustaining act as part of their employment and while on duty or who have a responsibility to respond to an emergency are **not eligible** for the Certificate of Merit (e.g., on-duty lifeguards; police, fire, and EMS personnel responding to a 911 call; professional health care workers who have a duty to respond; et al.) but may be eligible for the Lifesaving Award for the Professional Responder.
2. Techniques used in the lifesaving or life-sustaining act must be those learned by the nominee in a nationally designed or nationally certified American Red Cross Health and Safety Services course of instruction. *NOTE:* Techniques learned in similar training courses offered by other organizations or medical-training agencies do not meet the criteria for the Certificate of Merit.
3. The victim(s) must have been involved in a life-threatening incident at the time the nominee(s) gave assistance.
4. It must be shown that the action taken by the nominee(s) saved or sustained the life of the victim(s). In the case of a team award, each nominee must have contributed directly to the lifesaving act. If the life of the victim(s) was not ultimately saved, evidence must be shown that everything possible was done to sustain life prior to the victim(s) receiving medical care.
5. It must be conclusively shown that the nominee(s) did not cause or contribute to the incident.
6. The nomination form must be received at American Red Cross national headquarters within one (1) year of the date of the incident.
7. Documentation must be complete in include the following:
 - Verification of American Red Cross Health and Safety Services training (nationally designed or nationally certified course) must include **one of the following** for each nominee:
 - Copy of course record showing nominee’s name.
 - Copy of nominee’s course completion certificate or instructor certificate.
 - Signed statement from the nominee stating that his or her training meets criteria number 1.
 - Witness statements; **of the following**, one is required but two or more are preferred:
 - Witness other than nominee(s).
 - Medical Report, which could be EMS “run” sheet (handle as confidential).
 - Police Report.
 - Newspaper account.
 - Health and Safety Services Lifesaving Nomination Form (page 1), Information Regarding the Nominee (page2), consent to use each nominee’s and each victim’s name and photograph (consent forms on page 3 and 4), and Information Regarding Victim form (page 5).
 - Each Nominee’s statement (optional) must be supported by one of the above.
 - Individual or group photograph of nominee and/or victim (optional). See consent forms.

Note: Individuals not meeting the criteria for Certificate of Merit may be eligible for other awards.