



**2024 APPLICATION FOR LIFE SAVING AWARD FOR  
FIRE, EMS, POLICE OFFICER, OR SHERIFF DEPUTY  
MEMBER(S)**

**AWARD REQUIREMENTS**

**NAME** \_\_\_\_\_

**CITY, ZIP** \_\_\_\_\_

**FIRE DEPARTMENT** \_\_\_\_\_

**DATE OF RESCUE** \_\_\_\_\_

**TIME** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

**NAME OF PERSON(S) RESCUED** \_\_\_\_\_

**AGE(S)** \_\_\_\_\_ **MALE OR FEMALE** \_\_\_\_\_

**NUMBER OF FIRE FIGHTERS OR PERSONS ASSISTING** \_\_\_\_\_

**TIME FOR THIS RESCUE TO BE PERFORMED** \_\_\_\_\_

*Please provide, on separate sheets, the rescue and incident of the rescue*

**SUBMITTED BY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE NUMBER: CELL** \_\_\_\_\_ **OFFICE** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

*I hereby certify, to my knowledge, all information is correct, and a Fire Department Report of the incident is attached.*

**FIRE CHIEF OR OFFICER IN CHARGE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Send this completed form, to [bchampagne@broussardfire.org](mailto:bchampagne@broussardfire.org). and 8 X 10 Photo, **ON**

**PHOTOGRAPHIC PAPER, NO EXCEPTION, OR APP IS DISQUALIFIED, to:**

**BRYAN CHAMPAGNE, 110 BERCEGEAY RD., BROUSSARD, LA 70518.**

**NEED HELP? Call Bryan Champagne (Cell) 337-319-8322.**