



**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 _____

SUBMIT THIS FORM AND SUPPORTING DOCUMENTS TO:

barney@barneybabin.com; or BARNEY BABIN, 25871 AUDUBON AVE., DENHAM SPRINGS, LA
70726

NEED HELP? Call Barney Babin (Cell) 225-931-7573