



**APPLICATION FOR LIFE SAVING AWARD
FOR ALL FIRST RESPONDERS**

Application Deadline is August 30, 2025

AWARD REQUIREMENTS

NAME _____

CITY, STATE, ZIP _____

DEPARTMENT _____

DATE OF RESCUE _____ **TIME** _____

LOCATION _____

CORRECT SPELLING OF PERSON(S) RESCUED _____

AGE(S) _____ **MALE OR FEMALE** _____

CORRECT SPELLING OF PERSON(S) ACTIVELY ASSISTING AND TASK:

TYPE OF EVENT (accident, fire, shooting, medical, etc.) _____

TIME FOR THIS RESCUE TO BE PERFORMED AND FINAL OUTCOME _____

Please provide, on separate sheets, the official rescue report, any information supporting this incident such as photos, videos, news agency reports, and outcome.

SUBMITTED BY _____

ADDRESS, CITY, STATE, ZIP _____

EMAIL: _____

PHONE NUMBER: Cell: _____ **OFFICE:** _____

I hereby certify, to my knowledge, all information is correct, and a Department Incident Report is attached.

SIGNATURE OF DEPARTMENT CHIEF, OFFICER IN CHARGE, OR EVENT WITNESS

_____ **DATE** _____

Send this completed form, to bchampagne@broussardfire.org, or mail to:

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

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