



NORTH CAROLINA  
**FIRE & LIFE SAFETY**  
EDUCATION CONFERENCE

# North Carolina Fire & Life Safety

## **Award of Excellence**

Sponsored by NCFLSE Council

To recognize an outstanding individual, organization and/or program that makes a difference in preventing the devastating effects of fire and burn injuries and death in communities across the state, the North Carolina Fire & Life Safety Education Council presents the Award of Excellence. This award honors educators who take the lead in making their communities safer by demonstrating excellence and innovation with their programs and materials.

The nominee must be a member of an organization/agency that promotes fire & life safety education.

Nominations must be submitted with a completed nomination form and a written narrative that sufficiently justifies why the nominee should receive this award. The narrative should

- Indicate that the nominee is and has been actively participating in the FLSE network.
- Include examples of innovative ideas, activities, or programs that makes the nominee outstanding and effective.
- Describe the impact that the nominee has made in the community.

Entries will be evaluated by the NCFLSE Awards Committee.

The Award will be presented during the North Carolina Fire & Life Safety Conference.

### **Submit application and documents to**

Michael Forbis  
Jackson County Fire Marshal's Office  
Telephone - (Office) 828-586-7507  
(Mobile) 828-269-9445  
E-mail-michaelforbis@jacksonnc.org

**Deadline for Submittals: December 18, 2020**



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# North Carolina Fire & Life Safety

## Award of Excellence

Volunteer: \_\_\_\_\_

Career: \_\_\_\_\_

Nominee name: \_\_\_\_\_

Title: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Person submitting nomination: \_\_\_\_\_

Title: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Persons to contact if necessary:

1. Name: \_\_\_\_\_ Title/Relation to Nominee: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title/Relation to Nominee: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

