

# VIRGINIA BEACH RESCUE SQUAD

FOUNDATION



## VIRGINIA GILPIN DISTINGUISHED SERVICE AWARD NOMINATION FORM 2018

The Virginia Gilpin Distinguished Service Award is presented to an individual whose outstanding actions and activities have helped to strengthen and enhance the volunteer rescue squad system in the City of Virginia Beach, Virginia. The Award will be presented to the recipient at a special event in 2019.

### Eligibility:

- Any operational, administrative or life member affiliated with any volunteer rescue squad in the City of Virginia Beach;
- Any member of the Virginia Beach Volunteer Rescue Squad Foundation;
- Any private citizen.

### Selection and Nomination:

Candidates will be judged by the Board of Directors of the Virginia Beach Rescue Squad Foundation.

- All candidate submissions for the active list must be received at the Virginia Beach Volunteer Rescue Squad Foundation office by November 25, 2018.
- Any nominated individual not receiving an award will be carried on the active list for the following year without need for further nomination during that time.
- Records will be maintained at the Virginia Beach Rescue Squad Foundation office in Virginia Beach, Virginia.

If you have any questions, please call Gina Benefiel, Executive Director, at (757) 437-0968, or email [gbenefiel@vbrescuefoundation.org](mailto:gbenefiel@vbrescuefoundation.org).

### Nomination Background

Complete the requested information and return this form, along with a citation of 100 words or less, to Gina Benefiel, Executive Director, Virginia Beach Rescue Squad Foundation, 740 Virginia Beach Boulevard, Virginia Beach, Virginia 23451, by November 25, 2018. *Faxed and electronically mailed applications WILL be accepted at Facsimile No. (757) 437-0967 or by email to: [gbenefiel@vbrescuefoundation.org](mailto:gbenefiel@vbrescuefoundation.org).*

Nominee's Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Nominator's Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

