



SHINE Award

Special Helper In an Emergency

Rescuer Narrative:

Thank you for participating in our SHINE Awards Program. Recipients of this award must have received training in an EMS Safety course by a certified EMS Safety Instructor. When completing this form, please be as detailed and accurate as possible. Use an additional sheet of paper if necessary. Fax to (949) 388-2776, or mail to EMS Safety Services at 1046 Calle Recodo, Suite K. San Clemente, CA 92673. A SHINE Award certificate will be sent to the Instructor to sign and present to the rescuer.

EMS Safety Instructor Information:

Instructor Name _____ Instructor # _____

Rescuer Trained (Date) _____ Type of Class (circle) CPR First Aid AED Other _____

EMS Safety Rescuer Information:

Rescuer Name _____ Date of Rescue _____

Location of Emergency _____

Provide a description of the Rescuer actions that are being awarded: _____

(continue on backside if needed)

As the instructor issuing the award, I verify that the above is true and accurate to the best of my knowledge.

Instructor Signature _____ Date _____