

Special Helper In an Emergency

SHINE Awards Program

Thank you for participating in our SHINE Awards Program. *Below are some important points:*

- Recipients of the award must have been trained in an EMS Safety course by a certified EMS Safety Instructor.
- Complete the form below to initiate the award process. Be as accurate and detailed as possible. Use additional pages if needed.
- This form can be filled out on your computer and emailed or you can print and fax it to us.
- The SHINE Award is produced and signed here at EMS Safety and sent to the Instructor for his or her signature. Then the Instructor can present the award to the recipient.

SUBMIT COMPLETED REQUESTS TO:

Email: info@emssafety.com; Fax: (949) 388-2776 Attn: SHINE Awards

Instructor Name: _____ Instructor #: _____

Rescuer Trained: _____ Type of Class: CPR AED First Aid Other: _____
(Date) (Check all that Apply)

Rescuer Name: _____ Date of Rescue: _____

Location of Emergency: _____

Provide a written account of the rescuer's actions in the space below (use another page if needed):