

# United States Lifesaving Association California Surf Lifesaving Association – Southwest Region Special Awards Application Form



Send completed applications to: Special Awards Committee - awards@cslsa.org

<u>Propo</u>	sed Recipie	e <u>nt</u> :						
Name	<b>)</b> :				Phone: _			
Street Address:					E-Mail:			
				Note: for multiple recipients, use addendum on 3rd page				
		City	Sta	te Zip Code				
	Lifeguar	rd						
	•	USLA Member:	☐ Yes	☐ No		Unknown		
	•	Years of Service:						
	•	Region:						
	•	Chapter:			Agency:			
	•	Title:						
	Non Life			<del></del>				
Ш	Non-Life	-			☐ Yes	☐ No		
	•	Has applicant received	-					
		formal rescue training?	r yes,					
		please describe briefly:						
Date of	of Action:			Time of A	ction:		□ AM □ PM	
	_	Day of Week Month	Date Year	•				
<u>Categ</u>	ory of Lifes	aving Awards: (refer to att	ached Awards Dei	finition and Mark tl	ne Submissior	n Category)		
$\Box$ $\iota$	JSLA MED	AL OF VALOR	(Lifeguard Pe	rsonnel Only)				
	SLSA MEI	DAL OF VALOR	(Lifeguard, Pu	ublic Safety Emplo	yees or Milita	ry Only)		
	HEROIC AC	e <b>T</b>	(Lifeguards and Non-Lifeguards)					
□ ∧	NATIONAL	L LIFESAVING AWARD (Lifesaving agencies or groups)						
□ \( \bullet\$ \)	MERITORIC	OUS ACT AWARD	(Lifeguards a	nd Non-Lifeguards	;)			
	WARD OF	MERIT	(Lifeguard Pe	rsonnel Only)				
	ETTER OF	COMMENDATION	(Non-Lifeguar	rds Only)				

### Incident Description:

Briefly describe the scene of the incident and its environment:

Describe the peril of the person(s) rescued:							
Describe the actions taken by the applicant::							
Please attach additional pages as needed, news clippings, photos, video links, reports or any other materials to aide in describing this incident							
Application Submitted by:							
Name (Print Clearly):	Phone :						
Region:	Chapter:						
Signature:	Date:						
** FOR	COMMITTEE USE ONLY**						
☐ Initial Submission to Region received by:	Name:	Date:					
Forwarded to USLA Committee by:	Name:	Date:					
Action Taken by Regional Committee  Approved for (category):							
Rejected	Name:	Date:					
Action Taken by National Committee							
Approved for (category):							
Rejected	Name:	Date:					
Award Created Award Presente	4	Dato:					

## **RETURN THIS APPLICATION TO:**



# **VIA US POSTAL SERVICE**

VIA E-MAIL DIRECTLY TO COMMITTEE

California Surf Lifesaving Association Awards & Special Presentations Committee P.O. Box 366 Huntington Beach, CA 92648 awards@cslsa.org

Proposed Recipient #2:

Name: Street Address:						Phone:		
						E-Mail:		
								<del></del>
		City		State	Zip Code			
	Lifegua	rd						
	•	USLA Member:	☐ Yes		☐ No		Unknown	
	•	Years of Service:		_				
	•	Region:		_				
	•	Chapter:				Agency:		
		Title:						
Proposed Re	ecipient #3	<u></u>						
	Name	): -				Phone:		
	rvanie							
Stree	t Address	<b>:</b>				E-Mail: _		
		City		Ctot-	Zin Cada			
	Lifegua	City		State	Zip Code			
	-	USLA Member:	∏ Yes		□ No	П	Unknown	
		Years of Service:						
		Region:						
						Agency:		
	_	Chapter:				rigorioy.		
Proposed Pr	aciniont #	Title:						
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	Name	9:				Phone: _		
Stree	t Address	3:				E-Mail:		
		City		State	Zip Code			
	Lifegua	rd						
	•	USLA Member:	☐ Yes		☐ No		Unknown	
	•	Years of Service:		_				
	•	Region:		_				
	•	Chapter:				Agency:		
		Title:					-	
Proposed Re	cipient #5							
	-	î I				Phone:		
_						E-Mail:		
Street	t Address	:						
		City		State	Zip Code			
	Lifegua	•		Siale	Zip Code			
	Liiegua		☐ Yes		☐ No		Unknown	
		Years of Service:			L INU			
	•	Region:						
						Agency:		
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