United States Lifesaving Association

California Surf Lifesaving Association – Southwest Region

Special Awards Application Form

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

Proposed Recipient:

Name: _____ Phone: _____

Street Address: _____ E-Mail: _____

_____ Note: for additional nominees use Additional Nominee Form

City State Zip Code

☐ Lifeguard

- USLA Member: ☐ Yes ☐ No ☐ Unknown
- Years of Service: _____
- Region: _____
- Chapter: _____ Agency: _____
- Title: _____

☐ Non-Lifeguard

- Has applicant received any formal rescue training?If Yes, please describe briefly: ☐ Yes ☐ No

Date of Action: _____ Time of Action: _____ ☐ AM ☐ PM

Day of Week Month Date Year

Category of Lifesaving Awards: *(refer to attached Awards Definition and Mark the Submission Category)*

☐ ***USLA MEDAL OF VALOR***	*(Lifeguard Personnel Only)*
☐ ***CSLSA MEDAL OF VALOR***	*(Lifeguard, Public Safety Employees or Military Only)*
☐ ***HEROIC ACT***	*(Lifeguards and Non-Lifeguards)*
☐ ***NATIONAL LIFESAVING***	*(Lifesaving agencies or groups)*
☐ ***AWARD MERITORIOUS ACT***	*(Lifeguards and Non-Lifeguards)*
☐ ***AWARD AWARD OF MERIT***	*(Lifeguard Personnel Only)*
☐ ***LETTER OF COMMENDATION***	*(Non-Lifeguards Only)*
☐ ***SUMMERS OF SERVICE***	*(Lifeguard Personnel 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 Presented Date: _____

RETURN THIS APPLICATION TO:

VIA US POSTAL SERVICE

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

VIA E-MAIL DIRECTLY TO COMMITTEE

awards@cslsa.org

CSLSA Additional Nominee Form

Submit additional forms as necessary to accommodate ALL rescuers

Name: ______________________________
Address: ______________________________
____
City State Zip
Phone: ______________________________
Email: ______________________________
Nominated for: Meritorious Act (lifeguard + ı

Lifeguard: ☐ yes ☐ no ☐ unknown
Years of service: ______________________________
Region: ______________________________
Chapter: ______________________________
Agency: ______________________________
Title: ______________________________

Name: ______________________________
Address: ______________________________
____
City State Zip
Phone: ______________________________
Email: ______________________________
Nominated for: Meritorious Act (lifeguard + ı

Lifeguard: ☐ yes ☐ no ☐ unknown
Years of service: ______________________________
Region: ______________________________
Chapter: ______________________________
Agency: ______________________________
Title: ______________________________

Name: ______________________________
Address: ______________________________
____
City State Zip
Phone: ______________________________
Email: ______________________________
Nominated for: Meritorious Act (lifeguard + ı

Lifeguard: ☐ yes ☐ no ☐ unknown
Years of service: ______________________________
Region: ______________________________
Chapter: ______________________________
Agency: ______________________________
Title: ______________________________

Name: ______________________________
Address: ______________________________
____
City State Zip
Phone: ______________________________
Email: ______________________________
Nominated for: Meritorious Act (lifeguard + ı

Lifeguard: ☐ yes ☐ no ☐ unknown
Years of service: ______________________________
Region: ______________________________
Chapter: ______________________________
Agency: ______________________________
Title: ______________________________