



Michigan NENA 9-1-1

Young HERO AWARD NOMINATION FORM

MICHIGAN 9-1-1 YOUNG HERO NOMINATION CRITERIA

The Michigan NENA Young Hero Committee in coordination with the Michigan Chapter of NENA is committed to recognizing children who have dialed 9-1-1 to save a life, protect property, or report a crime. If you have a young hero you would like to nominate, please complete the nomination form and submit it to the Young Hero Committee by **July 1, 2021 at 4:00 p.m.**

Requirements are:

- The event must have occurred between January 1, 2020 – December 31, 2020
- The child must be 12 years old or younger at the time of the call.
- The child must have dialed 9-1-1 to save a life, protect property or report a crime
- The event must have a positive outcome
- The family must consent to the nomination
- An audio of the call must be included in the nomination
- Nomination forms must be received by 4:00 p.m. on July 1, 2021**
- The family must be willing to travel to the annual 911 Conference location.
- If you aren't sure if your child caller qualifies, submit your nomination form and let the committee decide.

Please feel free to send your questions to: ***Christine Collom***

Submit forms and recording to: (please do not send in a zip file)

You will receive a confirmation of receipt, if you do not receive confirmation within one week of emailing, please contact Chris Collom via telephone.

Christine Collom
collomc@clinton-county.org
(989) 224-5109

NOMINATING 9-1-1 CENTER:

Agency Name:

Contact Person:

Address:

Phone:

Email:

PSAP Manager (approval signature): _____

9-1-1 HERO INFORMATION:

Child's Name:

Age: (at time of call)

Age now:

Parent/Guardian Name:

Address:

Telephone number:

Parent's email address:

Parent(s)/guardian consented to nomination? Yes ___ No ___

Family agrees to attend the Heroes' Luncheon on Monday, October 25, 2021 at the Radisson in Kalamazoo, MI? Yes___ No ___

9-1-1 CALL INFORMATION:

Audio: A recording of the call must be included in the nomination form.

Acceptable redactions: LEIN information only

Date of Call: _____

Time of Call: _____

Calltaker Name:

Calltaker Phone:

Calltaker Email:

Director Email

If a second call-taker played an integral role in the call, please complete the below information. (I.e. -child caller was transferred to an EMS Agency, etc.)

Calltaker Name:

Calltaker Phone:

Calltaker Email:

Director Email:

Detailed Description of 9-1-1 call and related incident *(Please include as many details as possible to support why you believe this was an exemplary call worthy of recognition. Include information such as the reason for the call, circumstances surrounding the call, how the caller's actions impacted the outcome of the incident, etc.):*