



**Criteria for Nominations:**

1. The nomination form must be clearly, accurately and completely filled out. Please print or type the information.
2. The nominee(s) must have saved, or assisted in saving, a life by intervening in a life-threatening situation and/or giving the victim the aid needed to survive.
3. The nominee cannot have caused or contributed to the incident itself.
4. The lifesaving event must have occurred within the past year.
5. The nominee must live in the St. Louis Area Chapter jurisdiction.

**Send your completed nomination form to:**  
**Lifesaver Awards, American Red Cross St. Louis Area Chapter**  
**10195 Corporate Square Drive, St. Louis, MO 63132**

**Nominee Information**

*If this is a team award, please complete and submit a separate page for each nominee.*

**Nominee Personal Data**

Name \_\_\_\_\_ Age (actual or approximation) \_\_\_\_\_

Gender (M or F) (circle one)

Parent's name (if nominee is younger than 18 years old) \_\_\_\_\_

Permanent home address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer name \_\_\_\_\_

Employer address \_\_\_\_\_

Daytime phone \_\_\_\_\_

Evening phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Municipality/county of residence \_\_\_\_\_

Congressional district \_\_\_\_\_

Name of US Representative \_\_\_\_\_

If active military, list branch, rank \_\_\_\_\_

**Nominee's Training**

*List training courses completed by nominee that support this nomination.*

Name of course \_\_\_\_\_

Date \_\_\_\_\_

Location of training (please specify if training was through the Red Cross) \_\_\_\_\_

Other Red Cross training \_\_\_\_\_

Instructor's name \_\_\_\_\_

Skills used in saving or sustaining life of victim (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Airway cleared (head tilt)        | <input type="checkbox"/> Care for shock        | <input type="checkbox"/> Chest compressions (CPR)    |
| <input type="checkbox"/> Airway cleared (abdominal thrust) | <input type="checkbox"/> Care for poisoning    | <input type="checkbox"/> Water rescue with equipment |
| <input type="checkbox"/> Rescue breathing                  | <input type="checkbox"/> Care for burns        | <input type="checkbox"/> Controlled severe bleeding  |
| <input type="checkbox"/> AED                               | <input type="checkbox"/> Water rescue swimming | <input type="checkbox"/> Other first aid             |

**Lifesaver Award Categories**

**Good Samaritan Lifesaver** is presented to an ordinary citizen who used their life saving training skills to save the life of another person.

**Professional Responder Lifesaver** is presented to an individual or group who, as part of their employment or while on duty, saved or sustained a human life.

**Blood Donor Lifesaver** is given to someone whose lifetime donation of whole blood or platelets has saved many lives and influenced others to do the same.

**Animal Rescue Lifesaver** is awarded to a person who has performed a heroic rescue utilizing American Red Cross Pet First Aid skills and knowledge to save the life of an animal.

## Victim and Incident Information

*If there is more than one victim, please complete and submit a separate page for each victim.*

### Victim's Personal Data (Animal Personal Data if Applicable)

Name \_\_\_\_\_ Age (*actual or approximation*) \_\_\_\_\_

Gender (M or F) (*circle one*)

Parent's name (*if victim is younger than 18 years old*)/animal owner's name \_\_\_\_\_

Permanent home address \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Did victim receive medical care?  Yes  No

Did victim have a pulse when emergency personnel arrived?  Yes  No

Is victim still alive?  Yes  No

### Information About the Incident

Date victim was saved \_\_\_\_\_ Location of incident (*city, state*) \_\_\_\_\_

Where did the incident take place? \_\_\_\_\_

Briefly describe the location of the incident and the environmental conditions. \_\_\_\_\_

### Narrative Report

Briefly describe the actions of the nominee(s). Include all details—who, what, when, where and how. If names of persons participating in the rescue (who had personal contact with the victim) appear in the narrative and are not listed as nominees, please explain. Attach additional sheets if necessary.

*Please include at least one corroborating/witness statement, newspaper account, letter from supervisor, medical report, statement from witness, police report, other.*

People who can verify the lifesaving act:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_

How did you learn about the Lifesaver Awards program? \_\_\_\_\_

### Nominator Information

Name \_\_\_\_\_ Relationship to the nominee \_\_\_\_\_

Home address \_\_\_\_\_

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Best time to contact \_\_\_\_\_

## Nominee Consent Form

### Consent to Use Name and Photograph of Nominee

*(Use one copy of this form for each nominee.)*

At some time in the future the American Red Cross may choose to incorporate the activities of the Health and Safety Services Lifesaving Award recipients into public relations and marketing pieces that promote American Red Cross Health and Safety Services courses, including first aid, CPR and water safety training. These materials may be used in various media including print articles, advertisements, television shows, Red Cross Web site articles or commercials.

If you consent to the use of your name and picture in such materials, the American Red Cross may contact you to discuss the background or the rescue in which you were involved. If you do not want us to use your name, we reserve the right to change names and use the background information and facts regarding the rescue.

#### Regarding name:

- I authorize the American Red Cross to use my name in any public relations and marketing pieces that they may choose to do.
- I **do not** authorize the American Red Cross to use my name in any public relations and marketing pieces they may choose to do.

#### Regarding photograph:

- I authorize the American Red Cross to use my picture in any public relations and marketing pieces that they may choose to do.\*
- I **do not** authorize the American Red Cross to use my picture in any public relations and marketing pieces they may choose to do.

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(Signature of Nominee)

(Date)

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(Signature of Parent/Guardian of Nominee, if nominee is under age 18)

(Date)

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(Signature of Notary or Other Witness to Signature Above)

(Date)

\*Please provide picture

## Victim Consent Form

### Consent to Use Name and Photograph of Victim

*(Use one copy of this form for each victim.)*

At some time in the future the American Red Cross may choose to incorporate the activities of the Health and Safety Services Lifesaving Award recipients into public relations and marketing pieces that promote American Red Cross Health and Safety Services courses, including first aid, CPR and water safety training. These materials may be used in various media including print articles, advertisements, television shows, Red Cross Web site articles or commercials.

If you consent to the use of your name and picture in such materials, the American Red Cross may contact you to discuss the background or the rescue in which you were involved. If you do not want us to use your name, we reserve the right to change names and use the background information and facts regarding the rescue.

#### Regarding name:

- I authorize the American Red Cross to use my name in any public relations and marketing pieces that they may choose to do.
- I **do not** authorize the American Red Cross to use my name in any public relations and marketing pieces they may choose to do.

#### Regarding citation:

- I authorize the American Red Cross to use my name in the citation that is given to the nominee(s).

#### Regarding photograph:

- I authorize the American Red Cross to use my picture in any public relations and marketing pieces that they may choose to do.\*
- I **do not** authorize the American Red Cross to use my picture in any public relations and marketing pieces they may choose to do.

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(Signature of Victim)

(Date)

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(Signature of Parent/Guardian of Victim, if nominee is under age 18)

(Date)

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(Signature of Notary or Other Witness to Signature Above)

(Date)

\*Please provide picture