OKAMA Star of Life 2022

Nominee Application

**Deadline for return is** **July 15, 2022**

Please type or legibly print responses.

Service name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nominee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominee phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

How long has this person worked for your service? \_\_\_\_\_\_\_\_\_\_

How long has this person worked in EMS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What position(s) does this person hold within your service?

EMR / Dispatcher / EMT / AEMT / Paramedic / Office / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To qualify your nominees’ traits and abilities (or to describe an outstanding act they have performed), ***please attach a separate letter outlining why they have been selected as the Star of Life for your agency.***

We ask that you send us ***a minimum of three high quality, high-resolution photographs*** with the nomination form. You should consider backgrounds of contrast or action shots that clearly show the nominees face. Photo size of 1-3MB is preferable.

Return an electronic/soft copy of this completed form, photos (3), letter of recommendation and registration form to:

**okamastars1@gmail.com**by July 15, 2022

If you have further questions, please email to the address above or call Vanessa Brewington at 580-334-4269. **Thank you for helping us recognize EMS professionals in our great state**

The program this year will be a business casual event held at the Post Oak Lodge in Tulsa, Ok. OKAMA has arranged for some overnight rooms to be available to Stars and a guest. The availability is limited, and preference will be given to Stars from member organizations.

Would your Star like a room? \_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_NO

OKAMA will present each nominee with a commemorative Star of Life shadow box, medallion, and challenge coins during the awards ceremony on September 7, 2022.

The OKAMA nomination committee will review all applications received by the July 15, 2022, deadline date and will decide as to which nominee will receive an all-expense paid trip to the American Ambulance Association Annual Conference, in the Spring of 2023, where they will represent Oklahoma at the American Ambulance Association Star of Life ceremony.

Would you like for your nominee to be considered for this trip? \_\_\_\_\_\_YES \_\_\_\_\_\_\_NO

OKAMA is also offering a trip to the Tulsa Air and Space Museum and Planetarium for September 7th during the day prior to the awards ceremony. Admission will be provided by OKAMA

Would your Star like to participate in this fun event? \_\_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO

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|  **2022** OKAMA STARS OF LIFE |  |  |  |  |
|  Registration Form |  |  |  |  |
| There is no charge to your Star, his/her guest, and a representative from your agency. |  |  |  |  |
| **Registration Fees:** |  |  |  |  |
|  |  |  |  |  |
| **OKAMA Member**  |  |  |  |  |
| Stars (2) Free with one guest per star  |  | **0** |  |  |
| OKAMA Member (with Star) Director or Designee  |  | **0** |  |  |
| Additional Stars $75.00 each  | X\_\_\_\_\_\_ |  |  |  |
| Guests $35.00 each  | X\_\_\_\_\_\_ |  |  |  |
|   |  |  |  |  |
| **Non-Member** |  |  |  |  |
| Stars: $150.00 each  | X\_\_\_\_\_\_ |  |  |  |
| 1 Guest per Star: $75.00 each  | X\_\_\_\_\_\_ |  |  |  |
| Director or Designee: $50.00 each  | X\_\_\_\_\_\_ |  |  |  |
| Additional guests $50.00 each  | X\_\_\_\_\_\_ |  |  |  |
|  |  |  |  |  |
|  | **Total Due:** |   |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| This form must be returned by August 1, 2022, to  okamastars1@gmail.com or call Vanessa at 580-334-4269 with the information |  |  |  |  |
|  |  |  |  |  |
| **Payment due by August 1, 2021** |  |  |  |  |
| **Please make all checks payable to:** |  |  |  |  |
| Oklahoma Ambulance Association |  |  |  |  |
| 2504 W. Owen K. Garriott #320 |  |  |  |  |
| Enid, Oklahoma 73703 |  |  |  |  |
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