

# Indigenous Fire Service Award Medal



**Eligibility:** You need to use this form to nominate an indigenous fire services member who has served at least 10 years for a recognized fire service as a firefighter or medical first responder.

Use the *"Indigenous Fire Service Award" and Bars Application* form to nominate a fire service member for a fire service medal.

Antique copper plating  
10-25 Year Medal



Shiny nickle plating  
30-45 Year Medal



Shiny gold plating  
50 Plus Year Medal



**How to apply:** Fill in the application form and ensure all boxes are completed. Send your completed application via email to: [ifsam@cvfisa.ca](mailto:ifsam@cvfisa.ca)

**How long does it take:** It normally takes 8 weeks from the time a nomination is made until the medal arrives at your address. The time may be shorter if the selected medal is in stock.

**Wearing Protocol:** If wearing the medal, it should be worn attached to the tunic over the right breast pocket. Undress ribbons of medals may be sewn, but shall normally be placed on a detachable ribbon bar and pinned on the right breast of the service dress jacket or tunic.

**Cost:** Seventy-five (\$75) dollars per medal plus a shipping fee. Multiple medals can be shipped for the one shipping fee. Please do not send payment until you have received an invoice.

**Information:** [ifsam@cvfisa.ca](mailto:ifsam@cvfisa.ca)

**Payment Options:** CVFSA will invoice your organization upon shipment with credit card payment option included.

# Indigenous Fire Service Award Medal

Nomination Form: Indigenous Fire Service Award Medal

Recipient's Name: \_\_\_\_\_  
First Middle Last

Years of Service: \_\_\_\_\_ Number of completed years of service. Can be in more than one department.

Recipients Rank: \_\_\_\_\_

Is this their first time receiving an award from the CVFSA: YES \_\_\_\_ NO \_\_\_\_

If No, what CVFSA award did they receive last: \_\_\_\_\_

Name of Fire Department: \_\_\_\_\_

Address of Department: \_\_\_\_\_

If service includes other departments for total please list: \_\_\_\_\_

This nomination submitted by: \_\_\_\_\_  
Chief / Fire Chief / Deputy Chief / Band Elder

Email address of nominator: \_\_\_\_\_

Shipping Address (Purolator): \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Nominating Authority

Please complete form and return via email to: [ifsam@cvfssa.ca](mailto:ifsam@cvfssa.ca)

For CVFSA Awards Committee / Reference and records

\_\_\_\_\_  
Date received:

\_\_\_\_\_  
Date sent out: