Indiana Chapter of the National Emergency Number Association, Inc.

“The Voice of 9-1-1”

www.innena.org

INDIANA NENA 9-1-1 CHILD HERO’S AWARD
2019 Nomination Form
Deadline: January 17, 2020

Nominating Agency:

Agency Name: ______________________________________________________

Contact Person: _____________________________________________________

Address: __________________________________________________________

Phone: _________________________________  Fax: ______________________

Email: ____________________________________________________________

9-1-1 Child Hero Information:

Name: ____________________________________________________________

Age: __________ (at time of call) Age Now: ______________  Sex: __________

Parent/Guardian: ____________________________________________________

Address: __________________________________________________________

Phone: (DAY) _________________(EVENING) ___________________

Call Information:

Nature of Call ______________________________________________________

Date & Time of Call: ________________________________________________

Call Taker’s Name: _________________________________________________

Audio Available: Electronic ___________ Cassette tape/CD ________________

Please provide a brief written narrative of the incident and send this information to:

Gail Karas
Fulton County 911 Communications
200 E. 8th St., Rochester, IN 46975

or email to 911admin@co.fulton.in.us