

**The Life Saving  
Benevolent Association  
of New York**



50 Broadway, 26th Floor  
New York, New York 10004  
(212) 349-9090

## Application for Award

**PLEASE TYPE OR PRINT CLEARLY**

Full Name of Applicant/Rescuer <i>(Last, First, Middle Initial)</i>		Home Phone No.
Home Address <i>(Street)</i>	<i>(City)</i>	<i>(State) (Zip Code)</i>
Employer/Business Name	Position	Business Phone No.
Business Address <i>(Street)</i>	<i>(City)</i>	<i>(State) (Zip Code)</i>
If Uniformed Services: <i>(Precinct)</i>	<i>(Division)</i>	<i>(Ladder Company)</i>
Name of Person Rescued		
Address of Person Rescued <i>(Street)</i>		<i>(City) (State) (Zip Code)</i>
Date of Rescue	Place of Rescue <i>(Name the body of water and location)</i>	
Time of Rescue <input type="checkbox"/> AM <input type="checkbox"/> PM	Weather Conditions <i>(Briefly Describe)</i>	
Did you enter the water? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were you wearing a wet suit at the time of rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No		About how deep was the water?
Were life vests, life rings, etc. used in the rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many others assisted in the rescue?
Have you ever received an award from this Association? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Give Date		
Name of Your Local Newspaper		
List Names of Witnesses	<i>(Address)</i>	
1.		
2.		

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**PLEASE TYPE OR PRINT THE FULL DETAILS OF THE INCIDENT WITH PARTICULARS OF THE RESCUE.  
SIGN THE AFFIDAVIT AND HAVE YOUR SIGNATURE NOTARIZED.**

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\_\_\_\_\_

**Affidavit of Rescuer**

I do solemnly, sincerely and truly declare and affirm that the statements contained herein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Rescuer

\_\_\_\_\_  
Date

State of \_\_\_\_\_ )

) **ss.:**

County of \_\_\_\_\_ )

Affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_

\_\_\_\_\_  
Notary Public