



**LIFESAVING SOCIETY®**

*The Lifeguarding Experts*

**RECOMMENDATION FOR RESCUE COMMENDATION**

Please fill in the information below as completely as possible.

RESCUER:

Name: \_\_\_\_\_ -Age: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Does the rescuer hold any Lifesaving Society awards? Yes  No

If so, what awards?: \_\_\_\_\_

VICTIM(S)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

(If more than one rescuer/victim, please attach their names, etc., on a separate sheet of paper).

DETAILS OF RESCUE

Date of Rescue: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Water Conditions: \_\_\_\_\_

Description of Rescue: (Please include specific details, with techniques and procedures used, where applicable) \_\_\_\_\_

---

---

---

---

---

Continue the description on a separate sheet, if necessary. Also attach signed statements from the victim(s) and/or witness(es), if available.

Witness(es)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Submitted by:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

---

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Rescuer's Signature: \_\_\_\_\_  
(if possible)

Please submit to:

**LIFSAVING SOCIETY**  
**P.O. Box 8065, Station 'A'**  
**St. John's, NF A1B 3M9**  
**Telephone: (709) 576-1953**  
**Fax: (709) 738-1475**

**Email:** [lifeguard@nl.rogers.com](mailto:lifeguard@nl.rogers.com)

**Website:** [www.lifesavingnl.ca](http://www.lifesavingnl.ca)