

2020 JASON COMER AWARD NOMINATION FORM

Background Information



Who was Jason Comer?

Jason Comer was a Paramedic who worked in Solano County until his passing in December 2016. He began his career as an Emergency Medical Technician (EMT) in 2001, eventually rising through the ranks to become the QA Manager for Medic Ambulance, an ambulance provider based in Solano County. He was a field training officer who mentored many paramedics and EMTs who are currently working in California's EMS system. He was also an active advocate and participant in the "Every 15 Minutes" program which targets teens and tackles the issue of drinking/texting while driving. This program offers real-life experience addressing the impacts of drinking/texting while driving, without imposing the real-life risks for high school students.

Purpose of the Jason Comer Award:

Jason's commitment and contribution to the local EMS community will be honored annually through the issuance of the Jason Comer Award beginning in 2018. The Jason Comer award is designed to recognize an individual for his or her outstanding commitment, dedication, and contributions to improving emergency medical service for the residents and visitors of Solano County.

Complete next page to nominate someone today!

Submit by email:

HSSResponds@solanocounty.com

2020 JASON COMER AWARD NOMINATION FORM

Nomination Form

Nominee Contact Information:

Name & Title of Nominee: _____

Agency: _____

Work Address: _____

City/Town: _____

Email Address: _____

Phone Number: _____

Number of years your nominee has been working to improve Emergency Medical Services in Solano County:

Please describe the professional and volunteer experience and background of your nominee (e.g. jobs/positions held, time devoted, etc.):

Please provide detailed examples of how your nominee exemplifies outstanding commitment and compassion to the community through their contributions as an Emergency Medical Services provider (Keep in mind, the criteria for the Jason Comer Award: Proven ability and dedication to Solano County while contributing to improving Emergency Medical Services):

Your Contact Information:

Name & Title: _____

Agency: _____

Work Address: _____

City/Town: _____

Email Address: _____

Phone Number: _____

How are you acquainted with the nominee?