

**CHIEFS OF POLICE ASSOCIATION
of
HUDSON COUNTY, NEW JERSEY**



SUBJECT: VALOR AWARDS

Date:

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PURPOSE: The purpose of this Policy is to establish a process for conferring awards upon members of Hudson County Police Departments, as well as law enforcement officers of other agencies or a civilian who perform a valiant act within the confines of Hudson County.

POLICY: It is the policy of the Hudson County Chiefs of Police Association to give recognition to those who perform valiant acts, beyond normal expectations, or who perform an outstanding heroic act, deserving credit to themselves.

I. AWARDS

A. MEDAL OF VALOR

The Medal of Valor is awarded to a law enforcement officer or civilian who performs a specific act which clearly involved extreme danger and exemplifies extraordinary bravery in the face of circumstances which would have led to grave personal injury or death had the slightest miscalculation occurred. The Medal of Valor may be awarded posthumously to law enforcement officer's or civilian's next of kin.



This award consists of:

1. Medallion
2. Breast Bar
3. Certificate
4. Letter from the Association's current President citing the circumstances which resulted in this award, posted on the Association's website and forwarded to the recipient's Chief Executive Officer to be placed in the recipient's personnel file.

B. LIFE SAVING AWARD

The Life Saving Award is awarded in recognition of a law enforcement officer or civilian's performance of an act of heroism under extraordinary and dangerous conditions that result in saving a life. The Life Saving Award may be awarded posthumously to law enforcement officer's or civilian's next of kin.



This award consists of:

1. Medallion
2. Breast Bar
3. Certificate
4. Letter from the Association's current President citing the circumstances which resulted in this award, posted on the Association's website and forwarded to the recipient's Chief Executive Officer to be placed in the recipient's personnel file.

C. MEDAL OF DISTINCTION

The Medal of Distinction is awarded to a member of the public safety profession (law enforcement, fire, EMS) having jurisdiction in Hudson County, who's selfless service has demonstrated personal sacrifice, dedication and professionalism and has brought acclamation to the public safety profession.



This award consists of:

1. Medallion
2. Breast Bar
3. Certificate
4. Letter from the Association's current President citing the circumstances which resulted in this award, posted on the Association's website.

II. RECOMMENDATION FOR AWARD

- A. Recommendations for awards shall be made by the Chief Executive Officer of the intended member's or employee's department, by the Chief Executive Officer having jurisdiction at the time of the incident or by an active or associate member, in good standing, who has personal knowledge of the incident.
- B. Recommendations for awards will be submitted to the President of the Hudson County Chiefs of Police Association, or his designee of the 'Valor Award Recommendation' form, no later than January 31st of the succeeding year.

III. AWARDS COMMITTEE

- A. Annually, the President of the Association shall convene an Awards Committee to review and act upon all properly submitted Recommendations for Awards.
- B. This committee shall consist of the President as chairperson, and two (2) Executive Board Members, as designated by President, and one (1) representative of the active membership and one (1) representative of the associate membership.
- C. The Awards Committee shall have sufficient opportunity to review and discuss the worthiness of each submitted Recommendation for Award.
- D. A majority vote of the Awards Committee shall be sufficient to grant or reject the awarding of the Valor Award or Life Saving Award.

IV. TIME LIMITATIONS

Recommendations for any Hudson County Chiefs of Police Association Award must be submitted within one (1) year from the date of the occurrence of the incident, unless otherwise specified by the President.

RECOMMENDATION FOR AWARD

Rank & Name _____

Department Case Number _____ **Date/Time of Incident** _____

(Copies of All Reports Must Be Attached)

Class of Award: VALOR AWARD { } Life Saving { }

Reason for Recommendation: _____

Signature of Person Making Recommendation

Date of Recommendation

TO BE COMPLETED BY AWARDS COMMITTEE

Approved { }

Denied { }

Comments: _____

President

Date