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VALLE

JEFFERSON COUNTY FIRE FIGHTERS ASSOCIATION

151 Riverview Plaza Drive Herculaneum, Missouri 63048-1318 Emergency: 911 – Business: 636.475.3080 – Fax: 636.475.9572 www.jeffcofire.org – E-Mail: jeffcofire@sbcglobal.net

EMS DEPARTMENT OF THE YEAR

This award is given to the <u>one</u> EMS department that best exemplifies leadership in the community; the department that is involved in all the right activities for all the right reasons; to protect and serve the public. The committee will evaluate each entry and make their decision based upon, but not limited to:

- 1. Provides high quality and progressive medical service
- 2. Provides education and outreach programs for the public
- 3. Community involvement
- 4. Maintains positive public relations
- 5. Jefferson County Firefighters Association involvement

This award will not be awarded if suitable nominees are not submitted

REQUIREMENTS

Department and nominee must be a member of the *Jefferson County Firefighters Association* for the year nominated.

DEADLINE

Nominations and substantiating paperwork must be received by August 31st.

ENTRY FORMS

If typed or written, the nominations must include the completed official form supplied by the *Jefferson County Firefighters Association*. All handwriting must be legible. (Copies are acceptable)

NOTE

One award will be presented on an annual basis. The name of every suitable nomination will be recognized during the Award Ceremonies at the annual Fire Engine Rally.

Those making nominations will receive an acknowledgement letter shortly after the nomination is received.

The committee reserves the right to screen any and all nominations and exclude those not meeting the criteria set forth by the Jefferson County Firefighter's Association and the Awards Committee

JEFFERSON COUNTY FIRE FIGHTERS ASSOCIATION COUNTY AWARDS NOMINATION FORM

NAME OF NOMINEE:	AWARD BEING NOMINATED FOR:
DEPARTMENT OF NOMINEE:	
PERSON MAKING NOMINATION:	PHONE: () -
DEPARTMENT:	TITLE:
REASON(S) FOR NOMINATION:	
Use the reverse side for additional comme	ents or attach additional sheets.
Signature:	Date:/

RETURN COMPLETED APPLICATION TO: BILL HAGGARD 441 Jefferson Street HERCULANEUM, Mo 63048-1318

FAX: (636) 475-9572