



JEFFERSON COUNTY FIRE FIGHTERS ASSOCIATION

151 RIVERVIEW PLAZA DRIVE

HERCULANEUM, MISSOURI 63048-1318

EMERGENCY: 911 – BUSINESS: 636.475.3080 – FAX: 636.475.9572

WWW.JEFFCOFIREENGINECALLY.COM – E-MAIL: BILLH6300@HOTMAIL.COM

BILL HAGGARD
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HIGH RIDGE

HILLSBORO

JEFFERSON R-7

MAPAVILLE

ROCK COMMUNITY

SALINE VALLEY

AMBULANCE

BIG RIVER

JOACHIM PLATTIN

NORTH JEFFERSON COUNTY

ROCK TOWNSHIP

VALLE

EMS DEPARTMENT OF THE YEAR

This award is given to the one 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)

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 comments or attach additional sheets.

Signature: _____ Date: ____/____/____

RETURN COMPLETED APPLICATION TO:
BILL HAGGARD
441 JEFFERSON STREET
HERCULANEUM, MO 63048-1318
FAX: (636) 475-9572