



# JEFFERSON COUNTY FIREFIGHTERS ASSOCIATION

151 RIVERVIEW PLAZA DRIVE  
HERCULANEUM, MISSOURI 63048-1318  
EMERGENCY: 911 – BUSINESS: 636.475.3080 – FAX: 636.475.9572  
WWW.JEFFCOFIREENGINEFULLY.COM – E-MAIL: BILLH6300@HOTMAIL.COM

BILL HAGGARD  
PRESIDENT

JIM GOEBEL  
VICE PRESIDENT

ROB SCHRAGE  
SECRETARY

CHRIS BAKER  
TREASURER

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## **FIRE DEPARTMENTS**

ANTONIA

CEDAR HILL

CRYSTAL CITY

DESOTO

DESOTO RURAL

DUNKLIN

FESTUS

GOLDMAN

HEMATITE

HERCULANEUM

HIGH RIDGE

HILLSBORO

JEFFERSON R-7

MAPAVILLE

ROCK COMMUNITY

SALINE VALLEY

## **AMBULANCE**

BIG RIVER

JOACHIM PLATTIN

NORTH JEFFERSON COUNTY

ROCK TOWNSHIP

VALLE

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## **2021 LIFE SAVING AWARD - FIRE**

This award is intended to recognize individual(s) and/or department(s) whose performance in the line of duty was conducted solely in to save a life. Nominees for this award should be recognized because they reflect vigilance and professionalism of Jefferson County firefighters.

This award will be presented to individual(s) and/or department(s) who completed a lifesaving operation.

### **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 31<sup>st</sup>.

### **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 all nominations and exclude those not meeting the criteria set forth by the Jefferson County Firefighter's Association and the Awards Committee

# JEFFERSON COUNTY FIREFIGHTERS 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:

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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