

BILL HAGGARD PRESIDENT

JIM GOEBEL VICE PRESIDENT

ROB SCHRAGE SECRETARY

CHRIS BAKER TREASURER

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

JEFFERSON COUNTY FIREFIGHTERS ASSOCIATION

151 Riverview Plaza Drive Herculaneum, Missouri 63048-1318 Emergency: 911 – Business: 636.475.3080 – Fax: 636.475.9572 www.jeffcofireenginerally.com – E-Mail: Billh6300@hotmail.com

2022 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)

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:	
Use the reverse side for additional com	ments or attach additional sheets.
Signature:	Date:/
	RETURN COMPLETED APPLICATION TO: BILL HAGGARD 441 JEFFERSON STREET HERCULANEUM, MO 63048-1318 FAX: (636) 475-6191