



Arkansas State Firefighter Association

2019 ASFFA Firefighter of the Year Award

REQUIREMENTS:

Eligibility Criteria:

- 1) Be an active career or volunteer firefighter.
- 2) Be a current member of the ASFFA with dues paid in full at the State Level and District Level.

Applications should include the following:

- 1) An approved application with **ALL** the sections completed.
- 2) In addition to the completed application, a narrative describing the following:
 - * Nominee's fire service dedication and service.
 - * How they promote their fire department, the fire service and the ASFFA.
 - * Outside activities that promote the fire service in a positive manner.
 - * Certifications earned in the fire service.
 - * Awards received through the fire service.
 - * The Event(s) occurring which qualify the nominee to be the 2019 ASFFA Firefighter of the Year recipient!
- 3) Application must be received by established deadline which is no less than 60 days prior to the **2019 AAFC/ASFFA Convention in Hot Springs, Arkansas.**
- 4) An 8 x 10 photo of the nominee in Uniform or Turnouts (If Possible) must be submitted as per the bylaws of the ASFFA.

If you are concerned about who to select from your department, pick the one firefighter that you would like to be an example of what all your firefighters should be like. Your nomination doesn't have to be someone who just rescued someone from a fire. Your nomination could be the one firefighter that goes above and beyond in training, station duties, response numbers or mentoring others!

Remember: You'll never know if you don't nominate!

You will be contacted confirming your application has been received by the Awards Committee. Applications must be mailed or emailed to the Chair of the Awards Committee:

Jeffrey Jones, Vice President

Arkansas State Firefighters Association

816 Dennis Foster Cove

Marion, Arkansas 72364

Phone: (901)848-0413

Email: Wmfire60@aol.com

DEADLINE TO BE RECEIVED:

Saturday, April 27, 2019



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2019 ASFFA Firefighter of the Year Award

Nomination Form

| | | | |
|---|----------------------------|-----------------------------|---|
| Name: _____ | | Male: _____ | Female: _____ |
| (Nominee) | | | |
| _____ | | | |
| Home Address | City | State | Zip |
| Check all that apply: | | | |
| Volunteer: _____ | Career: _____ | 1st Responder: _____ | EMT: _____ Paramedic: _____ |
| _____ | | | |
| Fire Department | | | |
| _____ | | | |
| Dept. Address | City | State | Zip |
| _____ | | | |
| Fire Chief (Name) | | Phone Number | |
| _____ | | | |
| Nominee's Marital Status | | Spouse's Name | |
| _____ | | | |
| _____ | | | |
| Nominee's Children's Names (If Applicable) | | | |
| _____ | | | |
| District Affiliation: | | | |
| Central: _____ | East Central: _____ | North Central: _____ | North East: _____ North West: _____ |
| South Central: _____ | South East: _____ | South West: _____ | Three Rivers: _____ West Central: _____ |
| Submitted By: _____ | | Phone: _____ | |
| _____ | | | |
| Home Address | City | State | Zip |

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