



Arkansas State Firefighter Association

2019 ASFFA Hall of Fame

REQUIREMENTS:

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.

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

West Memphis, Arkansas 72364

Phone: (901)848-0413 Email: Wmfire60@aol.com

DEADLINE TO BE RECEIVED:

Saturday, April 27, 2019



Arkansas State Firefighter Association

2019 ASFFA Hall of Fame

Nomination Form

Name: _____		Male: _____	Female: _____
(Nominee)			

Home Address	City	State	Zip

Check all that apply:		Chief: _____	Retired: _____ Deceased: _____
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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