



# JEFFERSON COUNTY FIRE FIGHTERS ASSOCIATION

151 RIVERVIEW PLAZA DRIVE  
HERCULANEUM, MISSOURI 63048-1318

EMERGENCY: 911 – BUSINESS: 636.475.3080 – FAX: 636.475.9572  
[WWW.JEFFCOFIREENGINEERALLY.COM](http://WWW.JEFFCOFIREENGINEERALLY.COM) – E-MAIL: [BILLH6300@HOTMAIL.COM](mailto:BILLH6300@HOTMAIL.COM)

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

## **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 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 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:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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