



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 – E-MAIL: 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

LIFE SAVING AWARD - EMS

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 paramedics and emergency medical technicians.

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 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 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:

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