



# 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

## **FIRE DEPARTMENT/DISTRICT** **OF THE YEAR**

This award is given to the one department/district that best exemplifies leadership in the community; the department/district 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. Fire suppression efforts
2. Emergency medical efforts
3. Fire prevention program
4. Community paramedic
5. Inspections
6. Public relations
7. Community involvement
8. 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 and hold the position of firefighter, engineer, captain or lieutenant.

### **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



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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