



# Arkansas State Firefighters Association

## Hall of Fame

### Requirements

Applications should include the following:

- 1) An approved application with all sections completed.
- 2) In addition to the application, a narrative describing the following:
  - Nominee's fire service dedication and service
  - How they promote their fire department, the fire service, and the State Association
  - Outside activities promoting the fire service
  - Certificates earned
  - Awards received
  - Event(s) occurring which qualify nominee to be this year's Hall of Fame recipient
- 3) Application must be received by established deadline which is no less than 60 days prior to the annual convention.
- 4) Nominee may be either active career or volunteer firefighter or retired firefighter.
- 5) 8" X 10" photo of nominee (in uniform if possible) must be submitted as per bylaws of the association.

You will be contacted confirming your application has been received by the Awards Committee.

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Applications may be mailed to chair of the awards committee:

Bo Higginbotham, Vice President  
Arkansas State Firefighters Association  
1000 Hickory Street  
Crossett, AR 71635

Email attachments may also be submitted in "Word" format, not simply as an email message. If emailed via "Word", I ask that you also call to assure it was received and filed.

**Deadline to be received: May 1, 2017**



# Arkansas State Firefighters Association

## Hall of Fame Nomination Form

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check All That Apply:

Volunteer \_\_\_ Career \_\_\_ First Responder \_\_\_ EMT \_\_\_ Paramedic \_\_\_ Retired \_\_\_

FD Name: \_\_\_\_\_ FF's Rank \_\_\_\_\_ FF's Age: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Department Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fire Chief's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

FF's Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Children's Name(s): \_\_\_\_\_

District Affiliation:

Northwest \_\_\_ North Central \_\_\_ Three Rivers \_\_\_ Northeast \_\_\_ West Central \_\_\_

Central \_\_\_ East Central \_\_\_ Southwest \_\_\_ South Central \_\_\_ Southeast \_\_\_

Submitted By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

