



Arkansas State Firefighters Association

Rookie of the Year

Requirements

Eligibility Criteria:

- 1) Nominee may be either active career or volunteer firefighter.
- 2) Nominee must be a member of the Arkansas State Firefighter Association with state and district dues currently paid.
- 3) Nominee must have **less than two years of service**. The second year of service must not exceed the last day of convention in that particular year and must have a **minimum of six months of service** at the time of nomination.

Applications should include the following:

- 4) An approved application with all sections completed.
- 5) In addition to the application, a narrative (not to exceed 250 words) describing the following:
 - Date joining the department
 - Nominee's fire service dedication and service
 - Degree of dedication to their fellow firefighters
 - Dedication to firefighter training above minimum requirements
 - Event(s) occurring which qualify nominee to be this year's Firefighter of the Year recipient
- 6) Application must be received by established deadline which is no less than 60 days prior to the annual convention.
- 7) 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.

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



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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 _____