



Arkansas State Firefighter Association

2020 ASFFA Kevin McMasters Rookie of the Year Award

REQUIREMENTS:

Eligibility Criteria:

- 1) The Nominee may be either an Active Career or an Active Volunteer Firefighter.
- 2) The Nominee must be a current member of the ASFFA with dues paid in full at the State Level and District Level.
- 3) The 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 service** at the time of nomination.

Applications should include the following:

- 1) An approved application with **ALL** the sections completed.
- 2) In addition to the completed application, a narrative describing the following: (Not to exceed 250 words)
 - * Date joining or employed by the Fire Department.
 - * Nominee's fire service dedication and service.
 - * Degree of dedication to their fellow firefighters.
 - * Dedication to training above the minimum standards.
 - * The Event(s) occurring which qualify the nominee to be the **2020 ASFFA Rookie of the Year** recipient.
- 3) Application must be received by established deadline which is no less than **30 days prior** to the **2020 AAFC/ ASFFA Convention in Hot Springs, Arkansas**.
- 4) An 8 x 10 photo of the nominee in Uniform or Turnouts (If Possible) must be submitted as per the bylaws of the ASFFA.

You will be contacted confirming your application has been received by the Awards Committee. Applications must be mailed or emailed to the Chair of the Awards Committee:

Jeffrey Jones, Vice President

Arkansas State Firefighters Association

610 Stewart Drive

Marion, Arkansas 72364

Phone: (901)848-0413

Email: Wmfire60@aol.com

DEADLINE TO BE RECEIVED:
Friday, May 29, 2020



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2020 ASFFA Kevin McMasters Rookie of the Year Award

REQUIREMENTS:

Name: _____		Male: _____		Female: _____	
<small>(Nominee)</small>					
Home Address		City	State	Zip	
Check all that apply:					
Volunteer: _____	Career: _____	1st Responder: _____	EMT: _____	Paramedic: _____	
Fire Department					
Dept. Address		City	State	Zip	
Fire Chief (Name)			Phone Number		
Nominee's Marital Status			Spouse's Name		
Nominee's Children's Names (If Applicable)					
District Affiliation:					
Central: _____	East Central: _____	North Central: _____	North East: _____	North West: _____	
South Central: _____	South East: _____	South West: _____	Three Rivers: _____	West Central: _____	
Submitted By: _____			Phone: _____		
Home Address		City	State	Zip	

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