



Arkansas State Firefighter Association

2020 ASFFA Hall of Fame

REQUIREMENTS:

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:
 - * Nominee's fire service dedication and service.
 - * How they promote their fire department, the fire service and the ASFFA.
 - * Outside activities that promote the fire service in a positive manner.
 - * Certifications earned in the fire service.
 - * Awards received through the fire service.
 - * The Event(s) occurring which qualify the nominee to be the 2018 ASFFA Firefighter of the Year recipient !
- 3) Application must be received by established deadline which is no less than 60 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**



Arkansas State Firefighter Association

2020 ASFFA Hall of Fame

REQUIREMENTS:

Name: _____		Male: _____	Female: _____
(Nominee)			
Home Address _____		City _____	State _____ Zip _____
Check all that apply:		Chief: _____	Retired: _____ Deceased: _____
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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