



Arkansas State Firefighter Association

2020 ASFFA Firefighter of the Year Award

REQUIREMENTS:

Eligibility Criteria:

- 1) Be an active career or volunteer firefighter.
- 2) Be a current member of the ASFFA with dues paid in full at the State Level and District Level.

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 2020 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.

If you are concerned about who to select from your department, pick the one firefighter that you would like to be an example of what all your firefighters should be like. Your nomination doesn't have to be some who just rescued someone from a fire. Your nomination could be the one firefighter that goes above and beyond in training, station duties, response numbers or mentoring others!

Remember: You'll never know if you don't nominate!

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

2018 ASFFA Firefighter 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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