



SOUTH CAROLINA STATE FIREFIGHTERS' ASSOCIATION

NOMINATION FOR CITIZENSHIP AWARD

Please review the information below that outlines the background and criteria for this award and then complete the following information. This form must be completed and returned to the S. C. State Firefighters' Association, PO Box 211725, Columbia SC 29221. All nominations will be evaluated by the Subcommittee on Awards and submitted to the Executive Committee for selection. All awards will be presented at the annual conference.

The Citizenship Award is given to nominees who may or may not be members of the fire service, but who have made significant contributions to the fire service through local civic activities, service to the State or service to the South Carolina State Firefighters' Association. There is no limit to the number of individuals who can receive this award, but individuals should be of the highest quality.

NAME OF NOMINEE _____

RANK OF POSITION _____ MEMBER OF FIREFIGHTERS' ASSOCIATION? YES _____ NO _____

FIRE DEPARTMENT OR OTHER ORGANIZATION _____

DEPARTMENT'S ADDRESS _____

DEPARTMENT'S PHONE NUMBER _____

NAME OF PERSON MAKING NOMINATION _____

FIRE DEPARTMENT _____

DEPARTMENT'S ADDRESS _____

DEPARTMENT'S PHONE NUMBER _____ HOME PHONE _____

ARE YOU A MEMBER OF THE FIREFIGHTERS' ASSOCIATION? YES _____ NO _____

(Nominations must be made by an Association member)

FACTS ABOUT THE NOMINEE: Provide information about who the individual is and his or her relationship to the fire service. (Use additional sheet if necessary)

REASON FOR NOMINATION: Provide a narrative describing the nominee's contributions to the community or the fire service and why you believe that he or she is worthy of special recognition. You may attach supporting material.

Is the nominee free of characteristics that would discredit the South Carolina State Firefighters' Association such as a criminal history? YES ___ NO ___ If "No" please explain.

List the names and telephone numbers of individuals who can serve as references to this nomination.

NAME _____ TELEPHONE _____

ADDRESS _____

NAME _____ TELEPHONE _____

ADDRESS _____

NAME _____ TELEPHONE _____

ADDRESS _____

NAME _____ TELEPHONE _____

ADDRESS _____

I certify that the facts set forth above are accurate and complete to the best of my knowledge.

DATE _____
SIGNATURE OF PERSON MAKING NOMINATION

DATE _____
SIGNATURE OF CHIEF OF NOMINEE'S DEPARTMENT (OR HIS/HER DESIGNEE)

NOTE: THE EXECUTIVE COMMITTEE RESERVES THE RIGHT NOT TO PRESENT THIS AWARD IF NOMINATIONS DO NOT MEET ALL THE CRITERIA (REVISED 2002)