



## SOUTH CAROLINA STATE FIREFIGHTERS' ASSOCIATION NOMINATION HALL OF FAME AWARD

Please review the information below, which 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 21175, 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 induction of an individual into the Hall of Fame can be for any of a variety of reasons that are not addressed in other Association awards. There is no limit on the number of individuals who can be inducted in a year, but the individuals inducted are expected to be of the highest quality and clearly worthy of the recognition. Individuals inducted must meet the following criteria.

1. The nominee must be a member of the Association and must have been active in the South Carolina Fire Service for at least 15 years.
2. The nominee must have demonstrated outstanding service to his or her community, to the Association, and to the fire service in general.
3. A South Carolina firefighter who dies in the line of duty will be inducted into the Hall of Fame automatically, independent of the criteria outlined above, provided the Subcommittee on Awards of the Executive Committee, finds no hard evidence that inducting the individual would discredit the South Carolina State Firefighters' Association.

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)

**FIRE SERVICE EXPERIENCE:** List the nominee’s fire service experience including length of service, departments in which he or she has served and positions held.

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**EDUCATION:** Provide a summary of the nominee’s educational achievements including both formal education and fire service training.

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**REASON FOR NOMINATION:** Provide a narrative describing why you believe the individual is worthy of this award. Be specific. Special achievements are of particular importance. You may attach supporting material.

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**FIRE SERVICE LINE OF DUTY DEATH:** Complete this section only if the nomination is due to death in the line of duty. Did the death occur the line of duty? Yes \_\_\_ No \_\_\_ Briefly describe the incident.

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Was there any violation of generally accepted safety standards by the nominee? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please explain.

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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.

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List the names, address 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.

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING NOMINATION

DATE \_\_\_\_\_

\_\_\_\_\_  
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)