



**SOUTH CAROLINA STATE FIREFIGHTERS' ASSOCIATION
NOMINATION FOR THE SOUTH CAROLINA FIREFIGHTERS' ASSOCIATION
JEFFREY VADEN CHAVIS MEDAL OF VALOR**

Please review the information below, it will outline the background and criteria for this award and then complete the following information. This form must be completed and returned to the S. C. 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.

Jeff Chavis was a firefighter for the Lexington County Fire Service. While battling a house fire on June 16, 2001 he was caught under flaming debris when a garage ceiling collapsed on top of him. Jeff was taken to the burn center in Augusta, Georgia, where on July 12, 2001 he died from his injuries.

Valor is described as, "STRENGTH OF MIND AND/OR SPIRIT THAT ENABLES A PERSON TO ENCOUNTER DANGER WITH FIRMNESS AND PERSONAL BRAVERY." Jeff not only showed these attributes in the face of danger, but also in the face of death. This award is dedicated to his spirit of valor.

This award is one of the highest awards to be presented to an individual for his/her actions. It shall be awarded only in exceptional cases (it will not be a yearly designation) involving a hazardous performance of duties that risk the life of the individual. The act performed, or the service rendered shall be above and beyond the call of duty, of an extraordinary nature and which exposes the life of an individual to extreme danger or results in the loss of life.

Documentation of the action should be in depth and with more than one witness

NOMINEE NAME _____

RANK OR POSITION _____ DEPARTMENT'S PHONE _____

IS THE NOMINEE A MEMBER OF THE FIREFIGHTERS' ASSOCIATION? YES _____ NO _____

NAME OF HIS/HER FIRE DEPARTMENT _____

DEPARTMENT'S ADDRESS _____

PERSON MAKING NOMINATION:

NAME _____

FIRE DEPARTMENT _____

DEPARTMENT'S ADDRESS _____

DEPARTMENT'S PHONE # _____ HOME PHONE # _____

ARE YOU A MEMBER OF THE FIREFIGHTERS' ASSOCIATION? YES _____ NO _____
(Must be an Association member to make nomination)

FIRE SERVICE EXPERIENCE:

List the nominee’s fire service experience including length of service, departments in which he/she has served and positions held.

REASON FOR NOMINATION:

Provide a detailed narrative of the actions performed by the nominee that qualifies her/him for this award (you may provide the details on attached pages). Attach supporting documents and/or witnesses to support this nomination.

CHARACTER:

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.

REFERENCES:

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

NAME _____

PHONE NUMBER _____ OCCUPATION _____

ADDRESS _____

HOW LONG HAVE YOU KNOWN THE NOMINEE _____

NAM: _____

PHONE NUMBER _____ OCCUPATION _____

ADDRESS _____

HOW LONG HAVE YOU KNOWN THE NOMINEE _____

NAME _____

PHONE NUMBER _____ OCCUPATION _____

ADDRESS _____

HOW LONG HAVE YOU KNOWN THE NOMINEE _____

AUTHORIZING SIGNATURES:

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

SIGNATURE OF PERSON MAKING NOMINATION

DATE

SIGNATURE OF NOMINEE'S CHIEF (HIS/HER DESIGNEE),

DATE