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 in to the South Carolina State Firefighters’ Hall of Fame can be for a variety of reasons. Paramount in the selection criteria for this award are the nominee’s contributions to the fire service at levels beyond their local fire department. The individual should have clearly left their mark on the South Carolina Fire Service. The name of this individual should be recognizable by his/her peers, at a state or regional level, for actually participating in the improvement of the South Carolina Fire Service. There is no limit to the number of individuals who can be inducted in one year, but the individuals inducted are expected to be of the highest quality and clearly worthy of recognition at the state level. Individuals 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 contributions to the fire service beyond the local level. Participation in regional, state, and/or fire service endeavors are preferred. This may include active involvement in fire service legislation, codes, training, landmark state or regional fire service programs, etc.

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 position held.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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 in the line of duty? Yes_____ No____ Briefly describe the incident.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Was there any violation of generally accepted safety standards by the nominee? Yes_____ No_____
If so, please explain.
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

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, 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.

____________________________________________________   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 2011)