

**Stayton Fire District
DISTRICT AWARD PROGRAM**

NOMINATION FORM

Return the completed form to the Assistant Chief by February 1.

NOMINATED BY: _____
(who is filling the form out)

NOMINATION FOR: Firefighter Rookie
 Officer Medic Support Person

NAME OF NOMINEE: _____
(List the name of the person you are nominating for the Award marked above?)

Please describe why you feel this person should be selected for the award named above: (please **be descriptive and list examples**):

(If additional space is needed, please attach a separate page to this form)

Turn Form into AC