

Stayton Fire District
DISTRICT AWARD PROGRAM
NOMINATION FORM

Return completed form to Assistant Chief by February 1.

NOMINATED BY: _____

NOMINATION FOR: Firefighter Rookie
 Officer Medic Support Person

NAME OF NOMINEE: _____

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)