



VIRGINIA ASSOCIATION OF FIRST RESPONDERS

STRONG TOGETHER. ALWAYS READY

LIFE SAVING AND HALL OF FAME APPLICATION

INSTRUCTIONS: Applications must be received by the VAFR State Office or the Chair of the Hall of Fame Committee no later than March 1st.

A quality photo of the nominee must accompany the application.

A summary of the nominee's accomplishments (not to exceed 1,000 words) must be included in the application. The committee's decision will be based on the not only the nominee meeting the requirements of induction, but also the strength of the nominee's accomplishments as detailed in the application. All supporting information must be attached to the application.

No more than 2 nominees will be inducted into the Hall of Fame each year. Note that the committee is under no obligation to select an inductee in any given year if the nominees for that year do not meet the requirements of admission.

Nominee Information

Nominee's Name: _____

Nominee's Mailing Address: _____

Nominee's Email Address: _____


Nominee's Phone Number: _____

Nominee Criteria

The candidate for Hall of Fame shall have been active in public safety or as a first responder for a minimum of fifteen (15) years.

The candidate for Hall of Fame shall have made distinguished contributions toward the development and support of the fundamental goals established by VAFR.

 2535 Turkey Creek Road
Oilville, VA 23129

 Phone: (804) 749-8191
Fax: (804) 749-8910

 vafr@vafr.org



WWW.VAFR.ORG



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Sponsor Certification

THIS IS TO CERTIFY THAT AS THE SPONSORING SQUAD/CREW WE HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS APPLICATION AND DO HEREBY SUPPORT THIS NOMINEE FOR INDUCTION INTO THE VAFR LIFE SAVING AND RESCUE HALL OF FAME.

Sponsor's Name: _____

Sponsor's Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Contact Name: _____

Primary Contact Phone Number: _____


Primary Contact Email Address: _____


Endorsing Officer Name/Title: _____

Endorsing Officer Phone Number: _____

Endorsing Officer Email Address: _____

Signature: _____ Date: _____

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