 ***HALL OF FAME***

***52 North Main Street***

***P.O. Box 1000***

***Garrison, ND 58540-1000***

***www.ndfm.org***

**OVERVIEW:**

Induction into the Hall of Fame is conferred upon outstanding individuals whose contributions to and leadership of the fire service within the State of North Dakota have been a milestone in the development of those services; whose actions have served not just their community, but have contributed significantly to the fire service statewide or nationally; and whose leadership and accomplishments in these areas are widely recognized and respected in the North Dakota fire service.

**NOMINATORS:**

Individuals must be nominated by one of the following:

* Any mayor, city manager, county commissioner or township trustee
* Any member of the career or volunteer fire service
* Any retired member of the career or volunteer fire service
* Any fire association organization in the State of North Dakota
* Any fraternal fire service organization in the State of North Dakota
* Any president or chief executive of any fire service equipment or fire service related industry in the State of North Dakota

**NOMINATION PROCEDURES:**

A nomination transmittal form is provided by the North Dakota Firefighter’s Museum to serve as a cover and guideline for the submission of nominations.

The nominations must include a narrative statement by the nominator detailing the role the individual has played in the North Dakota fire services and why the nominated individual is worthy of receiving the award.

The nomination must also include adequate supporting documents to substantiate the accomplishments and contributions of the individual. These may include news articles, information on awards and citations received during his or her career, previous letters of commendation, and letters from individuals or organizations other than the nominator supporting the nomination.

A photograph of the nominee must be included. They should be head and shoulders and at least 2” by 2 ½” in size.

The total nomination submission should be typewritten and may not exceed twenty (20) 8 ½” by 11” pages of one sided material or ten (10) pages of two sided.

**Nominations must be mailed to the address above and be received no later than July 31st to be considered for that year’s award(s).** **All Nomination materials submitted are the property of the North Dakota Firefighter’s Museum.**

**SELECTION PROCESS:**

The North Dakota Firefighter’s Museum Hall of Fame Selection Committee will serve as the selecting body for the commissioning of this award.

The committee will convene during the month of August each year to consider all nominations submitted by the deadline.

The name of the individual(s) selected will be forwarded by August 15th to the Museum’s Executive Board for ratification and in preparation for the Award Ceremony during the Annual Banquet held in September of each year.

**SELECTION CRITERIA:**

In making an award, the committee will carefully consider and evaluate the nomination and supporting documents.

The induction of an individual into the Hall of Fame can be for any of a variety of specific and general reasons, which in the judgment of the committee, when taken as a whole, rise to the level of being worthy of public recognition.

It shall be the goal of the committee to select individuals who are clearly outstanding in their contribution to the North Dakota fire service, and the most worthy of the award.

The number of individuals to be inducted in any year will be determined by the committee to ensure those inducted into the Hall of Fame are of the highest quality and worthy of public recognition.

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***INTENT to NOMINATE FORM***

Dear North Dakota Firefighter’s Museum Hall of Fame Selection Committee:

This letter is to inform you that *nominator* is intending to nominate *nominee* for induction into the North Dakota Firefighter’s Hall of Fame.

If there are any questions regarding this letter of intent, please contact nominator at

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: (City, State, Zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the *Intent to Nominate* form must be mailed to the NDFM address above no later than June 30th and that the *Nomination Transmittal* form must be mailed to the NDFM address above and be received no later than August 1st to be considered for that year’s award(s).

Nominator Signature

Date

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***Garrison, ND 58540-1000***

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***NOMINATION TRANSMITTAL FORM***

*NOMINEE:*

*NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST:\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DAYTIME PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVENING PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF DEATH: (If Applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*NAME & PHONE # CLOSEST LIVING RELATIVE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*FIRE DEPARTMENT (Or Other Organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*OFFICES HELD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*HONORS & AWARDS RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DATES OF ACTIVE SERVICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RETIREMENT DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_*

*SIGNIFICANT CONTRIBUTIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*NOTABLE PERSONAL QUALITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*NOMINATED BY:*

*NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST:\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DAYTIME PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVENING PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*