

Erie County Fire Advisory Board



Wall of Honor Nominee Checklist

Name of Nominee:

ECFAB Wall of Honor Committee

Receipt of Nomination

- ☐ Letter received on or prior to July 31st.

Nominee Information

- ☐ Nominee is or has been a member of a career or volunteer fire department/company in Erie County
- ☐ Nominee has made a major contribution or has achieved significant accomplishments in the delivery of fire department services on a local, state and or national level
- ☐ Nominee has demonstrated superior dedication to fire services
- ☐ Nominee has demonstrated a significant positive community impact through fire suppression/prevention and or fire fighter education activities
- ☐ Fire fighters who lose their lives or are permanently disabled as a direct consequence to their duty to serve during on or off duty fire service activities
- ☐ 50 years of active service as satisfying “demonstrated superior dedication to the fire service”)

Nomination Letter Information

- ☐ Full legal name of the nominee
- ☐ Appropriate nickname of the nominee if inclusion is relevant to familiarization with the nominee
- ☐ Start and if appropriate the end of the nominee’s years of service in the primary fire service agency
- ☐ Additional fire service agencies where the nominee has served if relevant to the nomination

- ☐ Detailed description of the nominee's service record, rank/title/positions/offices held and dates of service of each
- ☐ List memberships in fire service-related organizations and offices held, if relevant to the nomination
- ☐ Detailed description of the nominee's contributions, impact and/or influence on emergency fire services and public safety
- ☐ Detailed description of the nominee's contributions to fire safety prevention/awareness directed to the public within the County of Erie and/or beyond if relevant to the nomination
- ☐ As may be needed to support claims of a nominee's contributions beyond their primary agency an explanation of relevant activity.
- ☐ A high-resolution photo of the nominee in uniform or dress attire
- ☐ A high-resolution photo of the nominee's primary fire agency's uniform patch/insignia

Nomination Review

- ☐ Nomination letters reviewed. Date: _____
 - ☐ Recommend to ECFAB for admission
 - ☐ Admission to WOH refused
Reason: _____
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