



161 Pine Ridge Circle
Brandon, MS 39047
Phone: 601-540-2995
afontaine@msburn.org

The MS Burn Foundation has set up some guidelines for the selection process for the 2016 calendar. If you wish to nominate someone for the 2016 calendar, please make sure that they meet the following criteria and the attached nomination form and photo prelease form have been signed by the appropriate parties.

This calendar is a product of The MS Burn Foundation and has raised money for the past three years to support the mission of the foundation. Below are a couple of things that we need to address with you before we can begin the process of selecting our 2016 firefighters.

- Selected firefighter must be in good standing with its department. The attached document signed by the Fire Chief and mayor addresses this as well as photo release.
- Selected firefighter must be a certified firefighter in the state of Mississippi.
- Selected firefighter must have photo release form signed and dated by fire chief and mayor. (Some may not require the mayor's signature. In this case, a letter from the fire chief must be attached to the photo release form indicating that approval from the mayor is not required).
- Selected firefighter must be present at the scheduled photo shoot in Jackson. This photo shoot will be determined by the MS Burn Foundation and an announcement of day, time and location will be communicated to firefighter within appropriate time.
- Selected firefighter will assist with scheduling as well as appearing at calendar signings throughout MS.
- Selected firefighter will assist with recruitment of potential sponsors for the calendar by providing contact information to local businesses.
- Selected firefighter should be available to speak with media, civic groups, etc. on behalf of the MS Burn Foundation when asked.
- Selected firefighter will submit 2 pictures (one in uniform and one in regular street clothes) with the consent and nomination forms.



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Burn Foundation 2016 Calendar Nomination Form

About the Nominee:

Please submit a photo of the nominee with your nomination.

Name: _____

Title: _____

Fire station Name: _____

Fire station Location: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone #: _____ Alternate #: _____

About the Nominator:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone #: _____ Alternate #: _____

Please return the **Consent Form** and the **Nomination Form** with 2 pictures of the nominee. One picture should be in uniform and one in regular clothes. All forms and 2 pictures should be emailed to rscucchi@mrcrrehab.org.