

# **JAMES HOFF MEMORIAL SURVIVOR'S PLAQUE**

## **Criteria and Application**

It is with great honor and pride that the Board of Directors to the James Hoff Memorial present Survivor's Plaques each year to those law enforcement personnel that have encountered life-threatening ordeals and survived.

The Board is prepared to select and present these plaques to those personnel whose actions meet the criteria set forth.

### **CRITERIA**

- I. Nomination for the plaque must be made by a Sheriff, Chief, Director, an Association or other recognized authority from any law enforcement organization.
- II. Application must be completed and presented to the Board by March 1. (Plaques are presented once a year during the annual Memorial Ceremony held in May at the James Hoff Memorial.) Any applications received after this date will be considered for the next year.
- III. The Plaque will be awarded for an act which involves extreme risk to the life of the applicant, voluntarily taken with the knowledge of imminent threat or danger to personal safety, displaying conspicuous gallantry, and acted upon at a level above and beyond the call of duty.
- IV. Selection will be made by the James Hoff Memorial Board of Directors only, and their decision will be final.
- V. Presentation of the Plaque to the applicant will be made by the Head of the Organization or their designee.

**Please submit this application no later than March 1 of the current year. This is necessary in order to ensure sufficient time for the Board to review the applications and to produce plaques for all approved recipients in time for the memorial ceremony in May.**

**The Board cannot consider applications for incidents which occurred more than five (5) years prior to the date of submission.**

**Please ensure that the submitted information is accurate; in particular that the officers' names are spelled correctly and their titles (at the time of the incident) are correct. It is this information that will be provided to the engraver if an officer's nomination is approved by the Board.**

**APPLICATION:**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

TITLE: \_\_\_\_\_ ASSIGNMENT: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

YEARS OF SERVICE: \_\_\_\_\_ OTHER AGENCIES: \_\_\_\_\_

ANY DEPARTMENTAL AWARDS PRESENTED: \_\_\_\_\_

SUMMARY OF INCIDENT: use additional pages if necessary)

SUMMARY CONTINUED:

SUBMITTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_