



HERO AWARD APPLICATION

Submitted By: _____

Department: _____

City, State, Zip: _____

Please provide the Association with:

- An incident report with detailed information of occurrence
- An 8 X 10" photo with the individual's application. **(NO EXCEPTION)**

Employee's Name: _____

Rank: _____

Years With Department: _____ Male or Female _____

Married _____

Mother and Father _____

If married, the Family Members section may require additional attached page

Family Members (Spouse and Children)

Approved By Chief: _____

Date: _____

Send this completed form to barney@barneybabin.com and Photo to:

Barney Babin, 25871 Audubon Ave., Denham Springs, LA, 70726

NEED HELP? Call Barney Babin, (Cell) 225-931-7573