THE AMERICAN LEGION, DEPT. OF MINNESOTA
OUTSTANDING FIREFIGHTER OF THE YEAR
APPLICATION ENTRY FORM

NAME:___________________________________________________________________________________
First                                      Middle                                    Last
ADDRESS:_______________________________________________________________________________
Street                                      City & State                              Zip
Recommended by Post ________________________________ Post #______ Dist #____
How long as a Firefighter ___________________
Present Position (i.e. Chief, Officer, Firefighter) and Department on force to which attached
________________________________________________________________________________________
________________________________________________________________________________________
List of Previous Firefighting Experience __________________________________________
________________________________________________________________________________________
Give a brief biographical sketch of firefighter nominated, including education, family, church
affiliation, (if any), fraternal or social organizations _________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Just what, in your opinion, makes this candidate an outstanding firefighter? _________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Has the firefighter ever been cited for outstanding fire work before? If so, what honor or honors
have been bestowed upon him/her? ________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
In the event this candidate should ultimately be declared the winner, will he/she be available for appearance at our Department Convention? YES______ NO ______

Has this firefighter’s superior officer been informed of this recommendation? YES______ NO ______

If the answer to above is “YES”, please attach hereto a letter of recommendation from the superior officer.

Attach any additional pertinent information that may help the committee in making a final decision. EACH ENTRY SHOULD BE THOROUGHLY DOCUMENTED IN BOOK FORM AND NOT TO EXCEED EIGHTEEN (18) PAGES. This is in accordance with National rules. The application should be supported with additional materials, to include: (1) a completed application form, (2) a 5”x7” photograph of the nominee and (3) a maximum of 18 one-sided pages 8 ½ x 11 bond paper of service documentation. The first six-seven pages should contain the individual’s service narrative. The additional pages may include supporting citations and other documentation to include press articles.

This recommendation is submitted by The American Legion located in ______________________

Post Number_______ District Number ______.

ALL APPLICATIONS MUST BE IN DEPARTMENT HEADQUARTERS ON OR BEFORE APRIL 1.

Send Application/Scrapbook to: The American Legion, Dept. Of MN
ATTN: Jennifer Kelley, Program Coordinator  
20 West 12th Street, Room 300A  
St. Paul, Minnesota 55155-2000

________________________________________  __________________________________
Post Commander                  Post Law & Order Chair