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