



THE MICHIGAN AMERICAN LEGION DEPARTMENT FIREFIGHTER OF THE YEAR AWARD



Purpose of Award: To recognize a well-rounded Michigan Firefighter, who has exceeded, above and beyond, the duty requirements expected of their position and has demonstrated a distinct pattern of community service coupled with professional achievement. Episodes of heroism will, of course, also be included where noted.

Material: Enclose relevant documentation on the nominee in the following area; community service, professional career, heroism, letters of recognition, news, and other substantiating documentation should not exceed 18 one-sided pages, on 8x11 bond paper – first six or seven pages should contain the individual's service narrative. Include a copy of your nominee's State or Federal certification as a firefighter, as well as copies of pertinent training and education certificates as appropriate. The additional pages may include supporting citations and other documentation to include press articles.

Photograph: Include a 5 x 7 photograph of the nominee.

Deadline: **January 10th, 2020**

Mail to: The American Legion
Department of Michigan
Attn: Firefighter of the Year
212 N. Verlinden Avenue, Ste. A
Lansing, MI 48915

Notification of Nominee: Advancing nominee to National will be notified by email address

Eligibility Criteria: To be eligible for consideration, Department nominees must meet the following criteria:

- A. Be a citizen of the United States, male or female
- B. Be a certified, living, active, full-time, paid, or volunteer firefighter.
- C. Consideration for a posthumous award will be acceptable only, if the nominee's death has occurred after the Department's selection and within the dates for which the award is being presented.
- D. Be assigned to, or fully recognized by, Municipal (City), County, District, State or Federal firefighter officer.
- E. Nominee need not be veterans nor members of the American Legion
- F. Reside and be assigned or attached for duty in Michigan

JUDGING GUIDELINES: Each nominee is judged according to the following criteria: community service, professional career, heroism, letters of recognition, news clippings, and other substantiating documentation.



**THE MICHIGAN AMERICAN LEGION
DEPARTMENT FIREFIGHTER OF THE YEAR
APPLICATION FORM**



Date _____

Name _____ Male Female

Home Address _____

City _____ State Michigan Zip _____ Phone (____) _____

Email Address _____

Age _____ Marital Status _____ Spouse's Name _____

Length of service as a Firefighter _____

Nomination Agency Name _____

Nominating Agency Director _____ Title _____

Nominee's Supervisor _____ Title _____

Email Address of Nominee's Supervisor _____

Agency Address _____

City _____ State Michigan Zip _____ Phone (____) _____

Michigan Legion Post Associated with Nomination _____

Post Contact Name: _____ Email/Phone: _____

FAILURE to use this form will result in the **DISQUALIFICATION** of your nominee. It should be placed as the **COVER SHEET** for your packet of materials, supporting your candidate. Include an **official 5x7 photograph** of the nominee. The **ORIGINAL COPY** of the entire application is **DUE NO LATER THAN JANUARY 10th, 2020 to The American Legion, Department of Michigan, Attn: Firefighter of the Year, 212 North Verlinden Avenue, Ste. A, Lansing, Michigan, 48915.**