

The American Legion
Department of Louisiana

Application Form
Fire Fighter of the Year
2020-2021

Date: _____

Name: _____ Sex: _____

Home Address: _____ Phone: _____

City & State: _____ Zip: _____ Cell: _____

Age: _____ Marital Status: _____ Spouse's Name: _____

Length of Service as a Firefighter: _____

Agency Name: _____

Agency Chief: _____ Title: _____

Nominee's Supervisor: _____ Title: _____

Agency Address: _____ Phone: _____

City & State: _____ Zip: _____

How has this individual distinguished themselves from other individuals in the department?

How has this individual shown leadership abilities to motivate others to benefit department?

How has the individual made a significant positive impact in the community?

List any additional factors in support of the individual.

I do hereby certify this candidate to be the nominee for Firefighter of the Year for Post _____, District _____, Department of Louisiana, American Legion.

X _____
Signature of Post Commander

I do hereby certify this candidate to be the nominee for Firefighter of the Year for District _____ Department of Louisiana, American Legion.

X _____
Signature of District Commander