

The American Legion  
Department of Louisiana

2018/2019

Application Form  
Fire Fighter of the Year

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 Citizen 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 Citizen of the Year for District \_\_\_\_\_, Department of Louisiana, American Legion.

X \_\_\_\_\_  
Signature of District Commander