The American Legion Department of Louisiana

2024-2025 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 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**

**April 15, 2025 due from District to Department Chairperson for consideration.**