



**THE AMERICAN LEGION
DEPARTMENT OF GEORGIA
FIREFIGHTER OF THE YEAR APPLICATION**

**THIS FORM MUST ACCOMPANY ALL RECOMMENDATIONS FOR SELECTION.
USE ANY ADDITIONAL SHEETS AS NECESSARY. SUBMIT ANY NEWS CLIPPINGS AND OTHER
SUPPORTING MATERIAL AS YOU DEEM NECESSARY TO QUALIFY THE NOMINEE.**

1. _____
(Last Name) (First Name) (M.I.)

2. _____
(Address)

(Town/City) (State) (Zip) (Telephone)

3. _____
(Date of Birth) (Military Service - Branch and Number of years.)

4. _____
(Is the nominee a member of the Legion Family?) (If so, list Post name and #.)

5. _____
(Education) (Marital Status)

6. _____
(Professional Service - Length of time employed as a Firefighter, rank attained, special schools attended, commendations, citations, etc.)

7. _____
(Resume of any acts performed above and beyond the call of duty, special assignments or accomplishments that should merit special attention including military decorations.)

8. _____
(Community Service – service in community such as Scouting, special youth programs, public offices held, fraternal organizations, etc.)

9. _____
(Name, number, address and telephone # of sponsoring Post/County/District.)

10. _____
(Signature of Commander or Adjutant of sponsoring Post/County/District.)

Applications must be submitted to Department Headquarters no later than **May 1**.
Return to: The American Legion, Department of Georgia, 3035 Mt Zion Rd, Stockbridge, GA 30281
For any questions, call Department Headquarters at 678-289-8883.