**THE AMERICAN LEGION**

**MONTANA FIREFIGHTER OF THE YEAR PROGRAM**

The purpose of this document is to provide the latest information that pertains to the Montana Firefighter of the year program. This program was established during the 2004 Fall Conference by the Department of the Montana American Legion Executive Committee. Originally, the deadline for submitting applications for this award was 1 March of each year; as of December 2011 the deadline for submitting applications was changed to 15 January of each year.

**Purpose of Award:** To recognize a well-rounded Firefighter, who has exceeded, above and beyond, the duty requirements expected of the position held and has shown a distinct pattern of community service and professional achievement. The award, which takes into account heroic acts, will be given annually at the Legion’s Department Convention. **In addition, the Agency Director and Supervisor MUST be the people that make the nomination, and their signatures must appear on the form and NOT be written in by anyone else!**

**Award:** Trip to the Department Convention; includes paid travel and hotel expenses. Also includes the presentation of a suitable award and letter of commendation signed by the Department Commander.

**Restriction:** Nomination of one per Post

**Deadline:** January 15

Mail To:

**American Legion of Montana**

**PO Box 155**

**Fort Harrison, MT 59636**

**Phone: (406) 324-3989**

**Email:** [**amlegmtsec@gmail.com**](mailto:amlegmtsec@gmail.com)

**ELIGIBILITY CRITERIA**

* Be a citizen of the United States
* Be an active, full-time paid, or volunteer
* Reside or be assigned for duty to a municipal, City, County fire department.
* Emergency Medical Technicians (EMT’s) are eligible only if they are certified firefighter.
* Be selected as the Post Firefighter of the Year and then submitted into Department competition.
* Department nominees are not required to be veterans or members of The American Legion.
* Nominees selected for this award should be available to receive this award at the American Legion Department Convention.
* All applications must include an official photograph of the nominee

The Post submitting this application should include 3 letters of recommendation (1 from submitting Post Commander or Chairman, 1 from a supervisor and 1 from a co-worker or community member) which explain the activities of the firefighter and other information that can be considered for this award. Examples of information that can be considered include community projects involvement; participating in children & youth activities; assisting members of the community; helping with church and school activities. In general, any activity that is a positive reflection about the firefighter being considered for this award.

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**MONTANA FIREFIGHTER OF THE YEAR**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_ Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Service as a Firefighter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Title)

Nominee’s Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Title)

Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Post Submitting Nomination \_\_\_\_\_\_\_ Post Law & Order Chairman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Commander \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Signature)

Post Adjutant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Signature)

**\*\*Application Due NO later than January 15th to Department Headquarters\*\***

**Failure to use this form may 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 photograph of the nominee.