

# **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 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 has been changed to 15 January of each year.

American Legion Posts submitting recommendations for this award should select a fireman from their community that is not only an outstanding fireman but also supports various community activities. There is no age or position requirement for this award. This award is not limited to full-time fireman and can be awarded to a volunteer fireman as well as full-time employees of the fire department.

The application for Montana Firefighter of the Year should be filled out in full and signed by the Post Commander and the Post Adjutant. The Post submitting this recommendation should include a letter which explains 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.

Selecting winners and determining awards for this program will be determined by the Montana Department Executive Committee. Applications are to be submitted to the following address:

American Legion of Montana  
PO Box 6075  
Helena, MT 59604

The deadline for submitting applications for this award is 15 January of each year. This will allow enough time to evaluate each application and determine who will receive first place honors.

**THE AMERICAN LEGION  
MONTANA FIREFIGHTER OF THE YEAR**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouses Name: \_\_\_\_\_

Time as Firefighter: \_\_\_\_\_ Yrs. \_\_\_\_\_ Mo.

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

Agency Director: \_\_\_\_\_ Title: \_\_\_\_\_

Nominee's Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Post Submitting Application: Post # \_\_\_\_\_

Post Firefighter of the Year Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Post Submitting Nomination: \_\_\_\_\_

Post Law and Order Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

(Signature)

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

(Signature)