

The American Legion Department Firefighter of the Year Application Form

Date_____

Name_____ Sex_____

Home Address_____

City_____ Zip_____ Phone(_____)_____-_____

Age_____ Marital Status_____ Spouse's Name_____

Length of Service as Firefighter_____

Firefighters Title_____

Agency Name_____

Agency Director_____ Title_____

Nominee's Supervisor_____ Title_____

Agency Address_____

City_____ Zip_____ Phone(_____)_____-_____

Sponsoring Post Name_____ No._____ District_____ Division_____

Address_____ City_____ Zip_____

Post Commander's Name_____

Address_____ City_____ Zip_____

Local radio/TV station serving area

Local newspaper serving area

Signature of Division Chairman_____ Date_____ Signature of Post Commander_____ Date_____

Application Deadline: **May 31st** (Return to Division Chairmen)