

The American Legion

Department Law Enforcement Officer of the Year

Application Form

Date_____

Name_____ Sex_____

Home Address_____

City_____ Zip_____ Phone(_____)_____ - _____

Email_____

Age_____ Marital Status_____ Spouse's Name_____

Length of Service as Law Enforcement Officer_____

Law Enforcement Officers 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_____

Phone_____ Email_____

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)