



The Michigan American Legion Department Firefighter of the Year Award

Information Sheet

- Purpose of Award:** To recognize a well-rounded Michigan Firefighter, who has exceeded, above and beyond, the duty requirements expected of the position held and who exemplifies the virtues of professionalism and dedication and has demonstrated a distinct pattern of community service to the community, state or Nation; and also has proven personal dedication to societal security and protection.
- Material:** Enclose relevant documentation on the nominee in the following areas: community service, professional career, heroism, letters of recognition, news clippings, and other substantiating documentation. Documentation should not exceed 18 pages, on 8 ½ x 11 bond paper – first six or seven pages should contain the individual's service narrative
- Photograph:** A 5 x 7 photograph of the nominee
- Deadline:** **January 2, 2012**
- Mail To:** The American Legion
Department of Michigan
Attn: Deanna Clark
212 North Verlinden Avenue, Ste. A
Lansing, Michigan 48915



INSTRUCTIONAL GUIDELINES FOR THE MICHIGAN AMERICAN LEGION DEPARTMENT FIREFIGHTER OF THE YEAR AWARD

ELIGIBILITY CRITERIA: To be eligible for consideration, Department nominees must meet the following criteria:

- A. Be a citizen of the United States, male or female.
- B. Be a living, active, full-time and paid, entrusted with Full authority .
- C. Consideration for a posthumous award will be acceptable only if the nominee's death has occurred after the Department's selection and within the dates for which the award is being presented.
- D. Be assigned to, or fully recognized by, Municipal (City), County, District or State as certified or trained.
- E. Nominee need not be a veteran or a member of The American Legion.
- F. Reside and be assigned or attached for duty in Michigan.

JUDGING GUIDELINES: Each nominee is judged according to the following criteria: community service, professional career, heroism, letters of recognition, news clippings, and other substantiating documentation.

OTHER INFORMATION: Include a copy of your nominee's State or Federal certification as a firefighter as well as copies of pertinent training and education certificates as appropriate.



The Michigan American Legion Department Firefighter of the Year Application Form

Date_____

Name_____ Male () Female ()

Home Address_____

City_____ State_____ Zip_____ Phone ()_____ - _____

Age_____ Marital Status_____ Spouse's Name_____

Length of Service as a Firefighter_____

Nominating Agency Name_____

Nominating Agency Director_____ Title_____

Nominee's Supervisor_____ Title_____

Agency Address_____

City_____ State_____ Zip_____ Phone ()_____ - _____

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. The **ORIGINAL COPY** of the entire application is **DUE NO LATER THAN JANUARY 2nd, 2012, to The American Legion, Department of Michigan, Attn: Deanna Clark, 212 North Verlinden Avenue, Ste. A, Lansing, Michigan, 48915.**