The American Legion Firefighter of the Year Award

Eligibility Criteria

- Be a citizen of the United States
- Be a living, certified, active, full-time, paid or volunteer Firefighter. This includes EMT’s or those serving in some other capacity in the department
- Be assigned to, or fully recognized by, Municipal, County, District, State or Federal Fire Department
- Does not need to be a veteran or member of The American Legion
- Reside and be assigned or attached for duty in Florida
- Military police officers or investigators are eligible for participation in this award provided they are also state certified

Judging Criteria

Judges will be looking for a Firefighter who:
- is well-rounded
- has exceeded, above and beyond, the duty requirements of his/her position
- exemplifies the virtues of professionalism and dedication
- demonstrated a distinct pattern of community service in both on-duty and off-duty activities
- proven his/her personal dedication to societal security and protection

Judging will be based on the following criteria, and maximum percentage points will be allocated as follows:

- Community Service ................................................................. 35 points
- Professional Career ............................................................... 40 points
- Heroism ................................................................................. 20 points
- Letters of recognition, news clippings, and other substantiating documentation ........................................... 5 points
Application Criteria

1. Cover Page/Application Form
2. Official 5"x7" photograph of the nominee.
3. No more than 18 one sided 8 ½” x 11” pages of documentation
   a. Service Narrative – No more than 6 one sided pages which must include:
      i. A letter of recommendation from his/her commanding officer or supervisor.
      ii. A letter of recommendation by a Post officer
      iii. Brief, yet complete, description of a specific act of heroism, meritorious performance or community service; Act(s) performed over and above the call of duty during the last few years; Act(s) demonstrating a distinct pattern of community service above and beyond assigned duty requirements
   b. Supporting Documentation – No more than 12 one sided pages which must include:
      i. A copy of State or Federal certification as a Firefighter
      ii. Copies of pertinent training and education certificates, press articles, citations and letters that support the narrative, letters and/or newspaper clippings from: the officer’s chain of command, city, county, state authorities, American Legion officials, citizens or civic groups as further evidence of community service, heroic and meritorious performance of duty by the nominee.

Mail original of all paperwork, **NO LATER THAN April 22nd of the current year** to:

Programs Director Bekki Tibbs
P.O. Box 547859, Orlando, FL 32854
btibbs@floridalegion.org

Certificates of Commendation are available, free of charge, from Department Headquarters. To order call 800.393.3378x235
FIREFIGHTER OF THE YEAR
NOMINATION COVER SHEET

Name_________________________________________________ Sex _______

Home Address ____________________________________________

City/ST/Zip _______________________________________________

Phone number (______)_____________ - _______________ Age___________

Marital Status_____________________ Spouse Name _____________________

Job Title__________________________________________ Yrs. of service _______

Agency name____________________________________________

Agency Director/Title _______________________________________

Nominee’s Supervisor/Title _________________________________

Agency Address ___________________________________________

City/ST/Zip _______________________________________________

Phone number (______)________________ - ______________________

Post Submitting Nomination (number/location) __________________________

Post Law and Order Chairman _________________________________

Address __________________________________________________

City/ST/Zip _______________________________________________

Phone number (_____)________________ - ______________________

Post Commander__________________________________________

Post Adjutant ________________________________


DEADLINE: April 22nd