

The American Legion, Department of Wyoming

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FIREFIGHTER OF THE YEAR

Nominee for outstanding service to the community through carrying out the duties as a Firefighter, in a manner which reflects credit upon all Firefighters and for dedication to their profession above and beyond the call of duty.

(Please type or print)	Distri	ict No:Post No:
Name:	Phone #'s:	
	(Home)) (Work)
Mailing Address:	Street or P. O. Box, Town, State and Zip)	
(include	Street or P. O. Box, Town, State and Zip)	
Position or Title:	Number of years on Force:	
If applicable, please list Children: (d - Spouse's name:(Names and ages)	_
Summarize the reason why you be	elieve that your nominee should be selected.	
(Use reverse or additional sheets i	if more space is needed)	
Post Officer's Signature		
Title	Data	

INSTRUCTIONS: Please submit this form to your District Convention. The nominees judged first in each District will be submitted to the Department for final judging.