



The American Legion, Department of Wyoming

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HEALTH CARE WORKER OF THE YEAR

(Please type or print)

District No. _____

Post No. _____

Name: _____ Phone #'s: _____
(Home) (Work)

Mailing Address _____ City/State/Zip _____

Is the nominee a member of the American Legion, Sons or American Legion Auxiliary: No Yes. If yes, Post # _____

Nominee need not be a Legionnaire, Son or Auxiliary member.

Is nominee currently working in the Medical field? Y/N _____ Position: _____

Employer: _____

Briefly describe current duties and responsibilities: _____

Briefly describe community involvement (Civic, Fraternal, Religious Organizations and Affiliations): _____

Briefly describe what is done to promote health and welfare within the community: _____

Summarize the reason why you believe that your nominee should be selected:

(Use reverse or additional sheets if more space is needed)

Signature of Post Official _____

Title _____

Date _____

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.

GUIDELINES FOR WYOMING DEPARTMENT ANNUAL AWARDS

The following guidelines are to be used in the selection of the nominee for each of subsequent awards:

- (1) The Post will select only one (1) nominee for each award. The Post should then work with the nominee in gathering supportive material to be presented at the District Convention. The Post will forward their nomination to their respective District for consideration at the Spring Convention.
- (2) At each District Spring Convention all nominations will be reviewed and one (1) winner in each category will be selected to represent their respective District in the Department competition.
- (3) The winners of the six (6) District competitions will be judged prior to the Department Convention where one (1) winner in each category will be selected. It is the responsibility of the District commanders to forward their respective nominations to the Department Office Headquarters no later than two weeks following close of the last District Convention. Nominations received after the deadline will NOT be considered. The winner or sponsoring post will receive a traveling trophy, which will be in their possession for the year. An individual trophy or plaque will also be provided for those specific categories.
- (4) It shall be the responsibility of the sponsoring post and/or recipient of the award to return the traveling trophy to the Department Headquarters at the District Convention
- (5) Department award winners will be invited to the Annual Department Convention for a presentation of their respective award. It is the responsibility of the sponsoring Post to cover costs.
- (6) Committee members for Department Awards will be confirmed at the Annual Mid-Winter Conference. These members will review nominations following the District Conventions and report results to the Department office Headquarters NLT 15 May of the current year.
- (7) Respective District Commanders will be notified of the winners of specific awards and will be responsible for notifying those winners.

HEALTH CARE WORKER OF THE YEAR

Nominees may be involved in any of the following Health Care fields including, but not limited to: Medical-Nursing Assistants, LPNs, RNs, Nurse Practitioners, Therapists, Medical Technicians (med, lab, occupational, physical, respiratory, etc.), PAs, Orderlies and Aids, and Physicians.

These candidates should be selected by what they have accomplished over the past year and not what they have done during their careers. This should be based on their duties and responsibilities to the community. Each Post is urged to give as much supportive information as possible on their nominee, letter from their company, letter(s) from other superiors, etc. The Department Commander will appoint a committee to make the selection