



# The American Legion, Department of Wyoming

PO Box 20172, Cheyenne, Wyoming 82003

(307) 634-3035 Fax (307) 635-7093

adminassist@wyolegion.org

wyolegion.org

"For God and Country"

## EMERGENCY MEDICAL TECHNICIAN OF THE YEAR

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

(Please type or print)

District No: \_\_\_\_\_ Post No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_  
(Home) (Work)

Mailing Address: \_\_\_\_\_ Age: \_\_\_\_\_  
(include Street or P. O. Box, Town, State and Zip)

Position or Title: \_\_\_\_\_ Number of years as an EMT: \_\_\_\_\_

Marital Status:  Single  Married - Spouse's name: \_\_\_\_\_

If applicable, please list Children: (Names and ages)

\_\_\_\_\_

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

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

\_\_\_\_\_  
Post Officer's Signature

\_\_\_\_\_  
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.*