



**THE AMERICAN LEGION
DEPARTMENT OF MAINE
EMT/PARAMEDIC OF THE YEAR APPLICATION**

**THIS FORM MUST ACCOMPANY ALL RECOMMENDATIONS FOR SELECTION.
USE ANY ADDITIONAL SHEETS AS NECESSARY. SUBMIT ANY NEWS CLIPPINGS AND OTHER
SUPPORTING MATERIAL AS YOU DEEM NECESSARY TO QUALIFY THE NOMINEE.**

Name _____ Sex _____

Home Address _____

City and State _____ Zip _____ Phone (____) _____

Age _____ Marital Status _____ Spouse's Name _____

Length of Service as EMT/Paramedic _____

Agency Name _____

Agency Director _____ Title _____

Nominee's Supervisor _____ Title _____

Agency Address _____

City and State _____ Zip _____ Phone (____) _____

Post/District Submitting Nomination _____

Post/District Commander/Adjutant Signature _____

1. _____
(Is the nominee a member of the Legion Family?) (If so, list Post name and #)

2. _____
(Education) _____ (Marital Status)

3. _____
(Professional Service - Length of time employed as an EMT/Paramedic, rank attained, special schools attended, commendations, citations, etc.)

4. _____
(Resume of any acts performed above and beyond the call of duty, special assignments or accomplishments that should merit special attention including military decorations.)

5. _____
(Community Service – service in community such as Scouting, special youth programs, public offices held, fraternal organizations, etc.)

6. _____
(Name, number, address and telephone # of sponsoring Post//District.)

7. _____
(Signature of Commander or Adjutant of sponsoring Post/District.)

Applications must be submitted to Department Headquarters no later than **May 1**.
Return to The American Legion, Department of Maine, 5 Verti Drive, Winslow, ME 04901-0727, or
email legionme@mainelegion.org. For any questions, call Department Headquarters at 207-873-3229.

Application is available on www.mainelegion.org under Forms/Applications