

THE AMERICAN LEGION DEPARTMENT OF MAINE GAME WARDEN 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 Ad	dress		
City and StateZip			Phone ()
Age	Marital Status	Spouse's Name	
Length of	Service as Game War	rden	
Agency N	ame		
Agency Director			
Nominee's Supervisor			Title
Agency A	.ddress		
City and StateZip			Phone ()
Post/Distr	ict Submitting Nomin	nation	
Post/Distr	ict Commander/Adjut	tant Signature	
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1. $\overline{(Is)}$	the nominee a memb	per of the Legion Family?)) (If so, list Post name and #)
2.			
[×]	ducation)		(Marital Status)
		Length of time employed a , commendations, citation	as an EMT/Paramedic, rank attained, ns, 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 <u>legionme@mainelegion.org</u>. For any questions, call Department Headquarters at 207-873-3229.

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