

**RULES FOR SELECTION OF
DEPARTMENT FIREFIGHTER OR EMT OF THE YEAR**

1. Nominee for North Carolina's American Legion Firefighter and EMT of the Year must be submitted by a chartered Post of The American Legion Department of North Carolina.
2. Nominee for North Carolina's American Legion Firefighter and EMT of the Year must be submitted by a chartered Post and approved at a regular meeting of the sponsoring American Legion Post.
3. Name of the nominee with supporting written materials must reach Department Headquarters by **two weeks prior to the Department Fall Conference**. Please do not submit nominations in a binder or notebook of any kind.
4. Judging for Fireman and EMT of The Year will be done by the Department Law and Order Committee at the Department Fall Conference.
5. Presentation of award to the winning nominee for Department Firefighter and EMT of the Year will be at the Department Convention following the Fall Conference selection.
6. A Post may submit only one (1) nominee.
7. Criteria for judging to be used by the Department Firefighter and EMT Award Committee will include:
 - a. Nominee must be a citizen of the United States, male or female. Not required to be a veteran or a member of The American Legion, Ladies Auxiliary or Sons of the Legion.
 - b. Nominee must be a living, active, full-time paid or volunteer member of a city, county or community Fire Department or Emergency Medical Service.
 - c. Nominee must be a resident for at least 3 or more years in the city or county in which the sponsoring American Legion Post is located.
 - d. Judging of nominee will be based on activities by nominee in Americanism, citizenship, youth activities, and other community involvement over and beyond assigned duties of the position of employment.
 - e. Acts of heroism and bravery in the line of duty may be considered but should not be used as the only justification for nomination.
8. Post application packets for their nominee should include and be submitted by Post in numerical order as follows:
 1. Completed application form.
 2. 5"x7" photograph of the nominee.
 3. A minimum of 2 pages of service documentation. (This is in addition to application). It must include the individual's service narrative, community service (most important) and include supporting citations and other documentation, including press articles.

Applicants will be graded:

I Community Service.....	50 points
II Professional Career.....	25 points
III Heroism.....	20 points
IV Letters of recognition, news clippings and other substantiating documentation.....	5 points

9. Information that may be included:
 1. Community Service: Outstanding service to the community, State or Nation by the officer, in both on-duty and off-duty activities, should be explained for the **past year** and may include previous years. Cite, for example, awards and/or supporting letters from City or County Commissioners, letters from State officials, and letters from The American Legion Department or Posts, or from citizens attesting to and commending the officer for his/her community service contributions. Remember that one of the major aims of the award program is to select a well-rounded Firefighter and EMT who has demonstrated a distinct pattern of community service, above and beyond assigned duty requirements.
 2. Citations for community service, heroism and meritorious performance of duty should be explained for the past year and may include previous years. Include citations and any supporting letters from the Firefighter's and EMT's Supervisor.

**The American Legion
Department of North Carolina
Firefighter or EMT of the Year
Application Form**

Date_____

Name_____Sex_____

Home Address_____

City and State_____ Zip_____ Phone ()_____ - _____

How many years resident of the community?_____

Age_____ Marital Status_____ Spouse's Name_____

U.S. Citizen? Yes_____ No_____

Length of Service as **Firefighter**_____ or **EMT**_____ (**Check One Only**)

Length of residency in City or County in which sponsoring Post is located_____

Agency Name_____

Agency Director_____ Title_____

Nominee's Supervisor_____ Title_____

Agency Address_____

City and State_____ Zip_____ Phone ()_____ - _____

Post Submitting Nomination_____

Address_____

City and State_____ Zip_____ Phone ()_____ - _____

Post Commander_____

(Signature)

Post Adjutant_____

(Signature)