



The American Legion, Department of Wyoming

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"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.