



# The American Legion, Department of Wyoming

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www.wyolegion.org

"For God and Country"

## HEALTHCARE WORKER OF THE YEAR

(Please type or print)

District No. \_\_\_\_\_ Post No. \_\_\_\_\_

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

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Is the nominee a member of the American Legion, Sons or American Legion Auxiliary:  No  Yes. If yes, Post # \_\_\_\_  
*Nominee need not be a Legionnaire, Son or Auxiliary member.*

Is nominee currently working in the Medical field? Y/N \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Briefly describe current duties/responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe community involvement (Civic, Fraternal, Religious Organizations and Affiliations):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe what is done to promote health and welfare within the community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Signature of Post Official \_\_\_\_\_ 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.*

Revised January 2026