



The American Legion, Department of Wyoming

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WYLegion.org

"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 EMTs 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 nominee judged first at the District Convention will be submitted to the Department Convention.