

**THE AMERICAN LEGION
DEPARTMENT OF WYOMING**

OUTSTANDING POST SERVICE OFFICER

(Please type of print)

District No. _____ Post No. _____

Name: _____ Phone #'s: _____
(Home) (Work)

Mailing Address _____ City/State/Zip _____

Provide dates of Service Officer Schools attended (Sessions providing up-to-date information to effectively assist veterans and dependents are conducted by the Dept. Service Officer)

Number of official claims submitted to Department Service Officer for current year. _____

Quality of claims submitted - up-to-date, well prepared, inclusive information presented
(Please circle one) Excellent Good Poor

Number of visitations (hospitals, nursing homes, private homes, etc.) _____

Number of transit assistance (veterans' organizations, service clubs, food, gas, money, or other services provided) _____

Briefly describe additional attributes and service provided by the Post Service Officer

Signature _____

Title _____

Date _____

INSTRUCTIONS- Please submit this form at your District Convention. The nominee judged first will be submitted to the Department Convention