

Application form for EMT of the Year

Date_____

Name_____Sex_____

Home Address_____Phone_____

City, State and Zip_____

Age_____Marital Status_____Spouse's name_____

Length of Service as EMT_____

Agency Name_____

Agency Director_____Title_____

Nominee's Supervisor_____Title_____

Agency Address_____

City, State and Zip_____Phone_____

Post Submitting Nomination_____

Post Commander_____Post Adjutant_____

Failure to use this form may result in the Disqualification of Your nominee. It should be placed as the COVER SHEET for your packet of materials supporting your candidate. Include an official photograph of the nominee.

Mail to: SD American Legion, PO Box 67, Watertown SD 57201