

**OFFICIAL APPLICATION FORM
EMS/PARAMEDIC OF THE YEAR**

NAME: _____

ADDRESS: _____ CITY _____ ZIP CODE _____

PHONE: (WK) _____ HOME _____

EMPLOYED BY: _____ POSITION _____

1. Submit a biographical narrative (a **maximum** of 6 pages, double-spaced, one-sided) of the candidate's service. Include specific acts of community service, outstanding performances, heroism, and any meritorious service recognized by the agency and documented. Outstanding service to the community, state and nation both on and off-duty should be explained for the past year or previous years.
2. Provide supporting documentation, copies of citations, and copies of press articles (a maximum of 6 pages, two-sided).
3. Provide a recommendation letter from the candidate's supervisor or commander.
4. Provide a copy of the candidate's EMS/Paramedic certification or license.
5. Provide a 5" x 7" photograph of the candidate.
6. In the event the candidate is selected as the recipient of this award at the Department (state) level, will he/she be available to attend an awards ceremony? Yes () No () (Mileage and hotel accommodations to the Department Mid-Winter Conference will be paid)
7. This form must be signed by the Post Commander, Post Adjutant, District Commander and District Adjutant.

Post Submitting _____

District Submitting _____

Post Commander

District Commander

Post Adjutant

District Adjutant