



# North Dakota American Legion

# Firefighter of the Year Award



## Official Nomination Form

**ELIGIBILITY:** Nominee must be a living, active, full-time or volunteer firefighter affiliated with a Fire Department located within the State of North Dakota. A posthumous award is allowable only if the nominee's death occurred within the dates in which the award is being presented. Membership in The American Legion shall not be a requirement or consideration in a qualifying any nominee for this award. No winner may be certified for consideration of Firefighter of the Year for successive years.

**DIRECTIONS FOR COMPLETING THIS FORM:** TYPE OR PRINT LEGIBLY. NOMINATION SHALL NOT EXCEED 10 PAGES INCLUDING THIS FORM. **ATTACH A 5x7 PHOTO (NOT PAPER PHOTO) OF NOMINEE.** ALL OTHER DOCUMENTS OR ADDED PAGES WILL BE DISCARDED.

Name of Nominee: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Recommended by: \_\_\_\_\_ Post # \_\_\_\_\_

Firefighting Agency Affiliation Location: \_\_\_\_\_ How long as a Firefighter? \_\_\_\_\_

Current Position \_\_\_\_\_ Age \_\_\_\_\_ Martial Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Director \_\_\_\_\_ Title \_\_\_\_\_

Nominee's Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Agency Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**Exhibit 1** – List fire fighting experience on separate sheet not to exceed 2 pages.

**Exhibit 2** – Submit biographical sketch of nominee – including education, family, church affiliation (if any), social organizations, or other data suitable for background for presentation purposes, not to exceed 1 page.

**Exhibit 3** – Explain what makes this candidate an outstanding fire fighter on a separate sheet not to exceed 2 pages.

**Exhibit 4** – Has this firefighter's superior been informed of this recommendation? \_\_\_\_\_ Yes \_\_\_\_\_ No. If so, does he/she concur in the recommendation? \_\_\_\_\_ Yes \_\_\_\_\_ No. Please attach a letter of recommendation from the superior. In addition to the superior's letter, you may submit one additional letter of recommendation, if desired.

**Exhibit 5** – Attach news clippings of this firefighter's accomplishments not to exceed 2 pages.

\_\_\_\_\_  
Post Commander's Signature

\_\_\_\_\_  
Post Adjutant's Signature

North Dakota American Legion  
**Firefighter of the Year Award**  
Award Submission Instructions



**PERIOD OF AWARD:**

January 1, 2024 – December 31, 2024

**ELIGIBILITY:**

Nominee must be a living, active, full-time firefighter affiliated with a Fire Department located within the State of North Dakota. A posthumous award is allowable only if the nominee's death occurred within the dates in which the award is being presented.

**DEPARTMENT SUBMISSION DEADLINE:**

Postmarked by December 31, 2024 – mailed to:

**The American Legion**  
**Department of North Dakota – State Headquarters**  
**PO Box 5057**  
**West Fargo, ND 58078**

**SELECTION/ANNOUNCEMENTS:**

Department Selection at Winter Conference in January  
Notification letter to state winner in February  
Statewide press release in February  
Presentation at the State Firemen's Association Convention in June

**AWARDS:**

Post level – Certificates available from State Headquarters  
State level – Plaque presented at State Firemen's Association Convention

**SUBMISSION PACKAGES:**

Only nomination submitted on the **Official Nomination Form** will be accepted  
A total of 10 pages (printed one side) in length, excess will be ignored  
A 5x7 photo (NOT A PAPER PHOTO) of nominee **MUST** be attached and does not count as one of the 10 pages