

# 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 and Post Adjutant.
8. **This form must be submitted to the District Convention for review and action by the District prior to submission to Department Headquarters. Form must be signed by the District Commander and District Adjutant. Districts may only submit one entry per category.**

Post Submitting \_\_\_\_\_

District Submitting \_\_\_\_\_

\_\_\_\_\_  
Post Commander

\_\_\_\_\_  
District Commander

\_\_\_\_\_  
Post Adjutant

\_\_\_\_\_  
District Adjutant

**Application Form must be received at Department Headquarters by June 1<sup>st</sup>**