

Memorandum

TO: DISTRICT CHAIRMEN

FROM: Tina Wiseley, Administrative Assistant

RE: Frank Gilbert, Jr. EMS of the Year Award

DATE: November 17, 2017

Each District Chairman will receive a 3-ring binder that is to be used to submit their District Winner's application to Department for final Department-level judging. Each binder contains a copy of the rules and information regarding the award.

Each District is responsible for establishing a deadline for District judging. The Districts are to submit their winner to Department on or before the Department deadline **June 1, 2018**. It is important that as District Chairman, you establish your District deadline in conjunction with your District Commander. You must also establish a judging committee and transfer the winner's application into the 3-ring binder provided.

NO DISTRICT APPLICATIONS CAN BE ACCEPTED IN ANY FORM OTHER THAN THE 3-RING BINDERS ISSUED BY DEPARTMENT HEADQUARTERS.

If at any time you have questions concerning the procedures relating to the EMS of the Year Award, please contact me at twiseley@indlegion.org or (317) 630-1300; or Committee Chairman Nick Nicholoff at (260) 623-6288. We wish each of you much success and look forward to your entries in this year's program.

Thank you.

cc: District Commanders

American Legion

Frank Gilbert, Jr. EMS of the Year Award

1. Each post shall select a Chairman whose responsibility will be to provide the District Committee with a suitable and qualified nominee for the award.
2. Each Post shall be made available an official entry form by the Department. This form will be the only method acceptable for Posts to certify the name and accompanying documentation to the District Chairman.
3. Each District Commander shall appoint a Committee of not less than three or more than five members whose responsibility shall be to judge all applications and select one winner who shall represent that District in Department competition.
4. Each District Chairman shall set his/her own deadline for determining the District winner. However, all District winners shall be certified at Department Headquarters **no later than June 1, 2018.**
5. Each District winner shall be presented an appropriate plaque during prescribed ceremonies at the Department Convention.
6. Each Post sponsoring a District winner shall be presented an inscribed citation during the ceremonies at the Department Convention.
7. The name of the winner of the EMS Award shall be announced from the lectern during ceremonies at the Department Convention.
8. The winner of the Department Award shall be the guest of the Department Convention Corporation at the Department Convention where minimum benefits shall include lodging for a minimum of one day. Other candidates are the responsibility of their District and/or Post.
9. A nominee for this Award must be a living, active, full-time or volunteer EMS affiliated with an emergency medical service provider (BLS or ALS) located within the State of Indiana.
10. A posthumous award is acceptable only if the nominee's death has occurred within the dates in which the award is being presented.
11. No District or Department winner may be certified for consideration of EMS of the Year for successive years.
12. Membership in The American Legion shall not be a requirement or consideration in qualifying any nominee for this award.
13. The nomination for this Award of any member who sits on this Committee shall not jeopardize that member's position on this Committee. The nominee shall enjoy the same privileges and responsibilities as all other members.
14. Entry forms provided by the Department shall be used as the sole instrument of certifying a nominee and shall not be used as a basis of accumulating points toward determining winners. Final judgment shall be made from the documenting materials appearing on the 25 pages in the album.
15. The nominee must submit a current BLS/ALS State of Indiana certification.

The American Legion

Frank Gilbert, Jr. EMS of the Year Award

Official Entry Form

Name of Nominee: _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____

Phone Number: _____ County: _____
(with area code)

Age of Nominee: _____

Recommended By: _____

Post Number: _____ District Number: _____

How long have you been engaged as an EMS? _____

Present Position: (i.e. EMS I, EMS II or Paramedic)

(Please give name of City, Town, and/or County in which you serve)

List of previous emergency provider experience:

(If more space is needed attach separate piece of paper)

Submit a biographical sketch, on a separate piece of paper, of the EMS nominated, including education, family, church affiliation (if any), social organizations, or other data suitable for the construction of a speech necessary in the performance of presenting the winner's award.

OVER

What makes this candidate an outstanding EMS?

(If more space is required please attach separate paper)

Has this EMS's superior been informed of this recommendation?

Yes _____

No _____

...if so, does he concur in the recommendation?

Yes _____

No _____

If the answer to the above question is "YES" please attach a letter of recommendation from the superior officer.

Each Post winner shall have his/her entry data submitted to the District in a form of their own choosing. Each District winner shall have his/her submission prepared as outlined by the rules presented to each District Chairman. Photos, certificates, news clippings, and other items relating to the nominee's career should be documented in Post submissions. Submission should not exceed 25 single pages in length to the District and shall not exceed 25 single pages to the Department not including the application. The Department will return all entries to the nominees. Judging will be governed by the Rules approved by District Chairman and appended to this entry form.

Attach a small photo of the person nominated.

This recommendation is submitted by:

From Post: _____

The American Legion, Department of Indiana, Located in the _____ District

Please have the following people sign where needed:

Post Commander:

Printed Commander's Name:

Post Adjutant:

Printed Adjutant's Name:

Post EMS Chairman:

Printed Post EMS Chairman's Name:

**AMERICAN LEGION DEPARTMENT OF INDIANA
FRANK GILBERT, JR. EMS OF THE YEAR AWARD
2017-2018**

DISTRICT # _____

Candidate's Name _____

- A. Professional Career _____
(0 to 18 points)
- B. Community Service _____
(0 to 15 points)
- C. Family _____
(0 to 10 points)
- D. Letters of Recognition _____
(0 to 5 points)
- E. News Clippings _____
(0 to 2 points)

TOTAL POINTS _____

_____ Judge's Initials

The American Legion
Frank Gilbert, Jr. EMS of the Year Award

To be completed by the District Commander, District Adjutant, and EMT Chairman

DISTRICT WINNER CERTIFICATION FORM

We, the undersigned, do certify that the individual outlined on this form is the winner in the _____ District of the EMT of the Year Award.

District Commander: _____

District Adjutant: _____

District EMT Chairman: _____

DEPARTMENT WINNER CERTIFICATION FORM

This is to certify that _____ is the winner of The American Legion Department of Indiana EMT of the Year Award.

*Chairman,
Law & Order/Firefighter/EMT Committee:* _____

*Attest:
Chairman EMT Committee:* _____

The American Legion



EMS of the Year Award 2017-2018

Section I	Professional Career	(0 to 18 points)
Section II	Community Service	(0 to 15 points)
Section III	Family	(0 to 10 points)
Section IV	Letter of Recognition	(0 to 5 points)
Section V	News Clippings	(0 to 2 points)