



DEPARTMENT OF INDIANA
MEMORANDUM

TO: DISTRICT CHAIRMAN
FROM: BUTCH MILLER, DEPARTMENT PROGRAM DIRECTOR
SUBJECT: FRANK GILBERT, JR – EMS OF THE YEAR (EMSOTY) AWARD
DATE: WEDNESDAY, JANUARY 16, 2019

Each District Firefighter, EMS and Law & Order (FEL&O) Chairman will receive a 3-ring binder that is to be used to submit their District EMSOTY Winner's application to Department for final Department-level judging. Each binder contains a copy of the rules and information regarding the award. **EMSOTY applications MUST be completed in English!**

Each District is responsible for establishing and announcing a deadline for the District's EMSOTY judging. The Districts are to submit their District level EMSOTY winner to Department on or before the deadline of **June 3, 2019**.

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

It is important that as the District (FEL&O) Chairman, you establish your District deadline in conjunction with your District Commander. You must also establish a judging committee and transfer the District level (EMSOTY) winner's application into the 3-ring binder provided, **BEFORE** submitting it to the Department for judging.

Department level judging will take place at the Department Close-of-Books (COB) event on Sunday, June 9, 2019. District level EMSOTY submission will **NOT** be accepted at the COB event. Such submissions shall be ineligible for Department level award consideration.

If at any time you have questions concerning the procedures relating to the EMSOTY Award, please contact Department Firefighter, EMS and Law & Order Committee Chairman Nick Nicholoff at (260) 623-6288 or by email at hillbillyjn@fontier.com. In the absence of the Chairman, you may contact Department Program Director Butch Miller at (317) 630-1300 or by email at bmiller@indianalegion.org.

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 (EMSOTY) Award

1. Each Post shall select a Firefighter, EMS, Law & Order (FEL&O) Chairman whose responsibility it will be to provide the District FEL&O Chairman with a suitable and qualified nominee for the EMSOTY award.
2. The Department shall make an official EMSOTY entry form available online. This form will be the only method acceptable for a Post to certify the name and accompanying documentation to the District FEL&O Chairman. **EMSOTY applications MUST be completed in English! Once determined, the Department level winner entry submission become the property of The American Legion and will not be returned to the applicants/contestants.**
3. Each District Commander shall appoint a FEL&O Committee of not less than three or more than five members, to include the District FEL&O Chairman, whose responsibility it shall be to judge the District level EMSOTY applications; and select one District level winner who shall represent the particular District in Department competition.
4. In coordination with the District Commander, each District FEL&O Chairman shall set and announce/publicize his/her own deadline for determining the District level EMSOTY winner. **District level EMSOTY winners MUST be certified to the Department Headquarters no later than June 3, 2019.**
5. Each District level EMSOTY winner, and a guest, will be offered one-nights lodging on Friday evening of the Department Convention period. They will also be invited to attend a special Department Convention Recognition Luncheon on Saturday of the Convention period. The lodging and luncheon shall be at no cost to the invitee.
6. During the Department Convention General Session on Saturday of the Department Convention, the District level EMSOTY award winners will be recognized from the podium. Immediately following said recognition, the Department level EMSOTY winner shall be announced.
7. The Department level EMSOTY award winner shall be the lodging guest of the Department. Lodging for the remaining District level winners shall be the responsibility of each applicable District.
8. A candidate for the EMSOTY 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. The nominee must submit a current BLS/ALS State of Indiana certification.
9. A posthumous award is acceptable only if the nominee's death has occurred within the dates in which the award is being presented.
10. No District or Department EMSOTY winner may be certified for EMSOTY consideration in successive years.
11. Membership in The American Legion shall not be a requirement or consideration in qualifying any nominee for the EMSOTY award at any level.
12. Nomination for the EMSOTY award, of any member who sits on the District or Department level FEL&O committee shall not jeopardize that member's position on said committee. The nominee/member shall enjoy the same privileges and responsibilities as all other committee members.
13. 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 documented materials provided and appearing on the pages in the album.

**AMERICAN LEGION DEPARTMENT OF INDIANA
FRANK GILBERT, JR. EMS OF THE YEAR (EMSOTY) AWARD**

District Judging Tally Form

POST #: _____

DISTRICT #: _____

EMSOTY 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 (EMSOTY) Award

DISTRICT WINNER CERTIFICATION FORM

NOTE! Submit a biographical sketch of the award winner, on a separate piece of paper, and attach it to this Certification Form. The biographical sketch should include, but is not limited to; education, professional and personal accomplishments, awards and/or recognition, family, church affiliation (if any), social organizations, community involvement and other pertinent data suitable for the construction of an introduction or press release.

To be completed by the District Commander, Adjutant, and FEL&O Chairman

We the undersigned, hereby certify that the individual outlined immediately below, has been determined to be the EMS of The Year award winner for the District indicated.

DATE: _____ DISTRICT: _____

NAME: _____

ADDRESS: _____

PHONE: (_____) _____

EMAIL: _____

District Commander: (signature) _____

(printed) _____

District Adjutant: (signature) _____

(printed) _____

District FEL&O Chairman: (signature) _____

(printed) _____

The American Legion

Frank Gilbert, Jr. EMS of the Year (EMSOTY) Award

DEPARTMENT WINNER CERTIFICATION FORM

To be completed by the Department Firefighter, EMS, Law & Order Committee Chairman and attested to by at least one (1) other member of the Department Firefighter, EMS, Law & Order Committee

We the undersigned, hereby certify that the individual names immediately below, has been determined to be the EMS of The Year award winner for the American Legion, Department of Indiana.

DATE: _____

NAME: _____

Department Chairman: (signature) _____
Firefighter, EMS, Law & Order Committee

(printed) _____

Attested:

Member: (signature) _____
Firefighter, EMS, Law & Order Committee

(printed) _____

The American Legion



EMS of the Year Award

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	Letters of Recognition	(0 to 5 points)
Section V	News Clippings	(0 to 2 points)

The American Legion - Department of Indiana

Frank Gilbert, Jr.

EMS of the Year (EMSOTY) Award

Official Entry Form - Must be completed in English!

Name of Nominee: _____

Address: _____

City: _____ Zip Code: _____

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

Email Address: _____

Age of Nominee: _____

Recommended By (Name & Title): _____

Post Number: _____ District Number: _____

How long have you been engaged as an EMS? _____

Present Position (check one): EMS I _____ EMS II _____ Paramedic _____

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

List previous emergency provider experience:

(Attach a separate continuation sheet if necessary)

Submit a biographical sketch, on a separate piece of paper, of the EMS nominee, 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.

What makes this candidate an outstanding EMS?

(Attach a separate continuation sheet if necessary)

Has this EMS superior been informed of this recommendation?

Yes _____ No _____

If so, does the candidate superior 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 has been submitted by: _____,

title: _____ Post: _____ District _____

The American Legion, Department of Indiana.

The following officials must sign where indicated:

Post Commander: (signature) _____

(printed) _____

Post Adjutant: (signature) _____

(printed) _____

Post EMS Chairman: (signature) _____

(printed) _____