

PUBLIC SERVANT AWARD CITATIONS FOR EMERGENCY MEDICAL TECHNICIANS, LAW ENFORCEMENT PERSONNEL AND FIREFIGHTERS

Each year, the Veterans of Foreign Wars selects emergency medical technicians, law enforcement and firefighter personnel to receive VFW Public Servant Awards. Post Safety Chairmen are encouraged to submit a candidate for these awards to their **Department Headquarters by January 1**. The Department must select a single candidate for each of the three awards and submit those to **VFW National Headquarters by February 1**.

NOTE: The VFW National Programs Department does not require all documentation items to be mailed to Kansas City, Missouri (from Department to National.) The only item the National VFW Programs Department requires is the "VFW Department Public Servant Award Citation Request Form" which can be mailed, faxed, or emailed to the Department upon request – send an e-mail to tbeauchamp@vfw.org or call 816-756-3390, ext 6287.

VFW National Emergency Medical Technician Public Servant Citation:

Any individual, who actively gives emergency medical treatment, provides rescue service or civil disaster assistance as a member of any public or volunteer company organized to give emergency medical care, provide rescue and civil disaster assistance to our nation's citizens.

VFW National Law Enforcement Public Servant Citation:

Any individual who serves in a municipal, county, state or federal unit tasked with enforcement of the laws pertaining to their area of responsibility. This award does not apply to individual employed by private companies or security services.

VFW National Firefighters Public Servant Citation: Any individual who actively fights fires as a member of any public or volunteer company organized to fight fires and give assistance to our nation's citizens.

Criteria for these awards – Candidates must have demonstrated:

- 1) Recognition by their colleagues or those they serve.
- 2) Consistent excellence in the performance of their duties.
- 3) Consistent dedication to their official responsibilities over a period of years and continuous growth in responsibilities and skills within their profession.

Documentation required for all Candidates:

- 1) Nomination letter containing the candidate's name, title, address, telephone and identifying the award for which the individual should be considered.
- 2) One (1) page resume of the candidate's overall background.
- 3) One (1) page resume of the candidate's background in their field.
- 4) One (1) page listing of the candidate's accomplishment and awards in their field.
- 5) Photograph (preferably a head shot) of the candidate.

NOTE: New one (1) page VFW Public Servant Award Citation post entry form is now available under "My VFW" / Training & Support on the VFW website behind the login. This form is designed to assist you in gathering nominations but is not a required document.

Nomination – Post Safety Chairmen should send the above information to their Department Headquarters to arrive not later than January 1. Departments should forward a completed "VFW Department Public Servant Award Citation Request Form" for each of their Department winners to arrive no later than February 1 to:

VFW National Headquarters Attn:
Programs,
Tammy Beauchamp
406 West 34th Street
Kansas City, MO 64111
Phone: 816-756-3390 x6287
Email: tbeauchamp@vfw.org





VFW Public Servant Award Citation Post Entry Form

NOTE: VFW Point of Contact should fill out their section below prior to distributing this form.
This will provide individuals from outside of the VFW with the needed information to submit their packets successfully.

To be filled out by VFW representative

Sponsoring VFW Post #:

Sponsoring District #:

Date of Presentation: MM/DD/YY (if available)

VFW Post POC

Full Name:

Phone:

Email:

Address: (where to mail entry)

City:

State:

Zip:

Individual Submitting Nomination

Full Name:

Phone:

Email:

Nominee Information

Choose appropriate citation: (EMT, Firefighter or Law Enforcement)

Full Name: (please list as you wish it stated on the citation)

Gender:

Occupation Title: (if any) (please list as you wish it stated on the citation)

Employer Name: (please list as you wish it stated on the citation)

Address of Employer: (please list as you wish it stated on the citation)

City:

State:

Zip:

Employer Phone:

Employer Email: (if available)

Please complete this form and submit to your local VFW Post using the information provided above. Ensure to include all required documentation that is outlined on the instructions sheet provided with this form. All post entries must be received by their **Department Headquarters no later than January 1st**. If you have any questions, please feel free to contact Tammy Beauchamp at 816-756-3390 x 6287, e-mail tbeauchamp@vfw.org