

**The American Legion Department of California  
Law Enforcement Officer of the Year  
Nomination Form**

Valor

Community Service

Date: \_\_\_\_\_

Name of Applicant:

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Sex: M  F

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Length of Service as a Law Enforcement Officer: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Director: \_\_\_\_\_

Title: \_\_\_\_\_

Nominee's Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Fields below to be filled out by American Legion personnel.

Post Submitting Nomination: \_\_\_\_\_

Post Law and Order Chairman: \_\_\_\_\_

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

City: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Failure to use this form may result in the DISQUALIFICATION of your nominee. It should be placed as the COVER SHEET for your packet of materials supporting your candidate. Include an official photograph of the nominee. Email completed application to your Area Law and Order Chair.