



VFW Public Servant Award Citation Post Nominee Entry Form

This Form is to be completed by the sponsoring Post or District point of contact. This form and all supporting documentation **MUST** be submitted to the Department Safety Chairman before January 1, 2025.

To be filled out by VFW representative

Sponsoring VFW Post # _____ Location _____ District # _____

VFW Post / District POC:

Full Name: _____ Phone # _____
Please print

Address: _____
Please print

City: _____ State: _____ Zip: _____
Please print

Email address: _____

Post or District Commander Submitting this Nomination

Full Name: _____ Phone # _____

Email address: _____

Nominee Information

Category of Nomination: Firefighter of the Year _____
Emergency Medical Technician/Paramedic of the Year _____
Law Enforcement Officer of the Year _____

Full Name: _____
Please print as you wish it stated on the citation

Occupation Title (if any): _____
Please print as you wish it stated on the citation

Employer's Name (municipality or agency):

Please print as you wish it stated on the citation

Address of Employer: _____

City: _____ State: _____ Zip: _____

Employer Phone#: _____

Employer Email Address: _____

Nominee's Contact Information

(Optional)

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email Address: _____

This completed form and all required documentation must be submitted to the VFW Department Safety Director prior to January 1, 2025.

Mark Drayton, Director
1116 N. Ball St
Owosso, MI 48867
989-721-0724
markd.fsa@gmail.com

OR FAX to: 517-485-6432

Emailed printed documents should be in PDF format.