



## 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, 2026.

### **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	_____
	Emergency Dispatcher of the Year	_____
	EOD Technician 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#: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Nominee's Contact Information**

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, 2026.

Documentation should include a narrative of the services performed by the nominee from either the nominee or the nominator.

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Negaunee, MI 49866  
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[safety@vfwmi.vet](mailto:safety@vfwmi.vet)

OR FAX to: 517-485-6432

Emailed printed documents should be in PDF format