



# The American Legion

## Department of Oregon

2025-2026



# Trophy & Awards

## Questionnaires

# TROPHY AND AWARDS QUESTIONNAIRE

**DO NOT SEND IN BLANK  
QUESTIONNAIRES**

**Please pay attention to the DUE dates on each and every questionnaire - they are all different.**

**If you do not submit your questionnaires on time they will not be able to be judged.**

- **Due back to the Department on or before April 15<sup>th</sup>**  
Legionnaire of the Year  
Unity Award
- **Due at the State Convention at noon on Thursday**  
Post-History Book
- **Due back to the Department on or before May 1<sup>st</sup>**  
Scouting  
Cub Scout  
Older Scout  
Junior Marksmanship  
Public Relations

Ritual Team  
Color Guard  
Honor Guard  
Adjutant of the Year  
Back to God  
Service Officer of the Year  
Rehabilitation  
Hunter Safety  
Vet-Grenada, Lebanon, Panama, Persian Gulf/War on  
Terror  
Teacher of the Year  
Children & Youth Narrative & Consolidated Post  
Reports  
Chaplain of the Year  
Legion Rider of the Year  
Legion Rider Charter of the Year

• **Due back to the Department on or before May 15<sup>th</sup>**

Americanism  
Boys State  
Blood Donor Program  
Community Service  
Post Newsletter

# **LIST OF QUESTIONNAIRES**

1. AMERICANISM
2. BOYS STATE
3. BLOOD DONOR PROGRAM
4. SCOUTING
5. CUB SCOUTS
6. OLDER SCOUTS
7. COMMUNITY SERVICE
8. JUNIOR MARKSMANSHIP
9. LEGIONNAIRE OF THE YEAR
10. PUBLIC RELATIONS
11. RITUAL TEAM
12. COLOR GUARD
13. HONOR GUARD
14. ADJUTANT OF THE YEAR
15. HISTORY BOOK
16. BACK TO GOD
17. SERVICE OFFICER OF THE YEAR
18. REHABILITATIONION
19. HUNTER SAFETY
20. VETERANS - GREYHOUND, LEBANON, PANAMA & PERSIAN  
GULF/WAR ON TERROR
21. TEACHER OF THE YEAR
22. CHILDREN AND YOUTH NARRATIVE
23. CHAPLAIN OF THE YEAR
24. POST NEWSLETTER
25. THE UNITY AWARD
26. LEGION RIDER OF THE YEAR
27. LEGION RIDER CHAPTER OF THE YEAR
28. FIREFIGHTER OF THE YEAR
29. LAW ENFORCEMENT OF THE YEAR

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**

**2025-2026 QUESTIONNAIRE**

**NUMBER 1 – AMERICANISM**

**COMPLETED FORM DUE AT DEPARTMENT BY MAY 15<sup>th</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post: \_\_\_\_\_ Date: \_\_\_\_\_

1. Were American Legion School Award medals presented by Post? Yes \_\_\_ No \_\_\_

How many to: Senior HS \_\_\_ Junior HS \_\_\_ Elementary \_\_\_ Total \_\_\_\_\_

2. Did the Post sponsor an "Oratorical Contest?" Yes \_\_\_ No \_\_\_

a. How many contestants participated in local contests? \_\_\_\_\_

b. Did the winner advance into contests in District Contest: Yes \_\_\_ No \_\_\_

How many \_\_\_\_\_

Area: Yes \_\_\_ No. \_\_\_ State: Yes \_\_\_ No \_\_\_ National: Yes \_\_\_ No \_\_\_

3. Did the Post conduct a campaign on Flag Education? Yes \_\_\_ No \_\_\_

a. Were there any Flag presentations? Yes \_\_\_ No \_\_\_ How many \_\_\_\_\_

b. Did the Post provide any Flags? Yes \_\_\_ No \_\_\_ To schools \_\_\_\_\_

Parks \_\_\_\_, Cemeteries \_\_\_\_, Hospitals \_\_\_\_, Public Buildings \_\_\_\_,

etc. \_\_\_\_\_

4. Did your Post sponsor a Flag placement and removal program in your Community?

Holidays Yes \_\_\_ No \_\_\_ Street Display Yes \_\_\_ No \_\_\_

Cemetery Flags Yes \_\_\_ No \_\_\_

5. Did Post sponsor and/or participate in Patriotic observances? Yes \_\_\_ No \_\_\_

Independence Day \_\_\_, Veterans' Day \_\_\_, President's Day \_\_\_,

Thanksgiving \_\_\_, Flag Day \_\_\_, Christmas \_\_\_, Legion Birthday \_\_\_,

Memorial Day \_\_\_, Oregon Statehood Day \_\_\_, Others not listed \_\_\_\_\_.

6 Did the Post participate in the Scouting Program? Yes \_\_\_ No \_\_\_

7 Did the Post observe "American Education Week"? Yes \_\_\_ No \_\_\_

8 Did the Post participate in Boys State Program? Yes \_\_\_ No \_\_\_

9 Did the Post participate in the Halloween Safety Program? Yes \_\_\_ No \_\_\_

10 Did the Post participate in the Junior Shooting Sports Program? Yes \_\_\_ No \_\_\_

11 Did the Post participate in Law Enforcement Career Camp Program?

Yes \_\_\_ No \_\_\_

Please describe the programs that the Americanism activities your Post has done above.

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Attach additional sheets if necessary. Show the Post number, Questionnaire title, and item number from this page, to which the additional information applies. BE SURE to index your supplemental sheets and place them in the same order as the preceding questions.

Commander \_\_\_\_\_ Adjutant \_\_\_\_\_  
Signature Signature

TROPHIES TO BE PRESENTED

- Posts 15 to 100
- Posts 101 to 250
- Posts 251 to 500
- Posts 501 to 750
- Posts 751 and up

**Judged and presented by Americanism Commission**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**

**2025-2026 QUESTIONNAIRE**

**NUMBER 2 – BOYS STATE PROGRAM**

**COMPLETED FORM DUE AT DEPARTMENT BY MAY 15<sup>th</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post: \_\_\_\_\_ Date: \_\_\_\_\_

1. How many boys did your Post send to Boys State? \_\_\_\_\_

A. How many boys did your Post sponsor? \_\_\_\_\_

B. How many boys had outside sponsorship? \_\_\_\_\_

2. List names of outside sponsors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List all available schools in your area: Did your Post contact them?

A: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

B: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

C: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

D: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

E: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

4. List the school faculty member(s) contacted in person by your Post committee.

School A \_\_\_\_\_

School B \_\_\_\_\_

School C \_\_\_\_\_

School D \_\_\_\_\_

School E \_\_\_\_\_

5. Were your boys interviewed by your Post committee before selection? Yes \_\_\_ No \_\_\_

6. Did your Post request the services of school counselors to help in selecting the boys?

Yes \_\_\_ No \_\_\_

7. What criteria is used to select your boys? (Class standing, School leadership, Community Involvement, School, City, etc. \_\_\_\_\_  
\_\_\_\_\_

8. How many boys wrote letters of appreciation to their sponsors? \_\_\_\_\_

9. Does your Post have an orientation program to provide information to the boys?

Yes \_\_\_ No \_\_\_

A. How many boys attended? \_\_\_\_\_ B. How many parents attended? \_\_\_\_\_

C. Post Representative? \_\_\_\_\_ D. Outside Sponsors? \_\_\_\_\_

E. Others? \_\_\_\_\_

## Number 2 Boys State Program

10. Does your Post have a recognition program for the Boys? Yes \_\_\_ No \_\_\_

A. Which of the following were invited to attend and how many did attend?

1. Sponsors Yes \_\_\_ No \_\_\_ Number Invited \_\_\_\_\_ Attended \_\_\_\_\_

2. School Officials Yes \_\_\_ No \_\_\_ Number Invited \_\_\_\_\_ Attended \_\_\_\_\_

3. Community Leaders Yes \_\_\_ No \_\_\_ Number Invited \_\_\_\_\_ Attended \_\_\_\_\_

- 4. Media Yes \_\_\_ No \_\_\_ Number Invited \_\_\_ Attended \_\_\_
- 5. Family Yes \_\_\_ No \_\_\_ Number Invited \_\_\_ Attended \_\_\_
- 6. Post Members Yes \_\_\_ No \_\_\_ Number Invited \_\_\_ Attended \_\_\_
- 7. Others (List) Yes \_\_\_ No \_\_\_ Number Invited \_\_\_ Attended \_\_\_

Total in attendance \_\_\_\_\_

11. Did any of your Citizens get elected to a Boys State Office? Yes \_\_\_ No. \_\_\_

Name: \_\_\_\_\_ Office Elected to \_\_\_\_\_

Name: \_\_\_\_\_ Office Elected to \_\_\_\_\_

1. List your Citizens selected as Junior Counselors:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Did one of your Citizens get selected to go to Boys Nation? Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_

14. How many Legionnaires from your Post attended or visited Boys State? \_\_\_\_\_

Commander \_\_\_\_\_ Adjutant: \_\_\_\_\_

Signature

Signature

**TROPHIES TO BE PRESENTED**

Posts 15 to 150

Posts 151 to 500

Posts 501 and up

## TROPHIES PRESENTED AT BOYS' STATE

Bob Holmes Leadership Award	To the Counselor identified as the inspirational leader
Bob Fawcett JC Leadership Award	To the Junior Counselor displaying leadership, personal skills, and responsibility
Grady Bourell Award	To the Senior Counselor displaying futuristic leadership, while exemplifying the spirit of the program.
Governor	Elected by Citizens
First Citizen	Selected by Staff
Boys Nation Representative (two)	Selected by Staff

**Note:** Add additional pages as necessary to complete any of the above questions. You are encouraged to submit any information about your sponsorship and participation in this program that you have available. Samples of additional information might include any of the following:

- Copies of published articles in local papers (to include pictures).
- Copy of Citizen letter of appreciation to sponsor
- Copy of recognition letter or certificates provided to sponsors by Post
- Photographs that support recognition of the program
- List of participants for Orientation and/or Recognition programs.
- Award presentations at School, City Hall, etc.

**Judged and presented by Boys State Commission**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**

**2025-2026 QUESTIONNAIRE**

**NUMBER 3 – BLOOD DONOR**

**COMPLETED FORM DUE AT DEPARTMENT BY MAY 15<sup>th</sup>**

Please Print or Type

Post Name \_\_\_\_\_

Post No. \_\_\_\_\_

Number of members in Post: \_\_\_\_\_

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

**BLOOD DONOR SERVICE TROPHY**

1. Number of Blood Drives Hosted/Co-Hosted by Post?

Date	No. Prospective Donors	Productive Units collected
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. The number of Post and Unit members who:

A. Gave Blood \_\_\_\_\_

B. Worked in Donor Centers doing escort service,  
greeting/registering/recording?  
\_\_\_\_\_

C. Refreshment service and who provided cookies, posted signs, and advertised?  
\_\_\_\_\_

D. Assisted in loading and unloading supplies and equipment.

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3. The number of man-hours of service donated to The Blood Program by Post and Unit Members. \_\_\_\_\_

4. The Total number of miles traveled **by** Legion/Auxiliary and/or donor. \_\_\_\_\_

Attest: Commander \_\_\_\_\_ Adjutant: \_\_\_\_\_

Signature

Signature

**Category of Post Size**

Category 1: Posts with membership 15-150

Category 2: Posts with membership 151-300

Category 3: Post with membership 301-450

Category 4: Posts with membership 451 and UP

**Judged and presented by National Security Commission**

**Blood Donor Program**

THE AMERICAN LEGION - DEPARTMENT OF OREGON

2025-2026 QUESTIONNAIRE

NUMBER 4 – SCOUTING PROGRAM

**COMPLETED FORM DUE AT DEPARTMENT BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_ Date \_\_\_\_\_

SCOUTING PROGRAM AWARD: TROOP # \_\_\_\_\_

This Award for the most outstanding Scouting Troop regardless of gender will be granted to the Post whose Troop shows the greatest accomplishment during the current year on the following basis.  
Please make out a separate report for each troop the Post sponsors.

Did the Post sponsor a Scouting Troop this year? Yes \_\_\_ No \_\_\_  
What is the Troop Number? \_\_\_\_\_

TRAINING: Has the Scoutmaster had both The Outdoor Experience and Scouting Scoutmaster training? Yes \_\_\_ No \_\_\_  
Is the Scoutmaster Wood Badge trained? Yes \_\_\_ No \_\_\_  
Are all registered adults Youth Protection trained? Yes \_\_\_ No \_\_\_

LEADERSHIP: Does the Troop have one or more Assistant Scoutmasters registered, trained, and active? Yes \_\_\_ No \_\_\_

OUTDOOR ACTIVITIES: Did the troop conduct six highlight activities (such as hikes, campouts, trips, tours, etc.) and attend a Scouting of America long-term camp?  
May be done Virtually. Yes \_\_\_ No \_\_\_

ON-TIME CHARTER RENEWAL: Did the troop renew its charter on time as required by the Council timeline? Yes \_\_\_ No \_\_\_

PLANNED PROGRAM: Did the Troop Patrol Leaders Council conduct an annual program planning conference, publish an annual Troop program calendar and present it to all the parents at a family activity? Yes \_\_\_ No \_\_\_

SERVICE PROJECT: Did the Troop conduct a service project this year, preferably for the chartered organization or community? Yes \_\_\_ No \_\_\_

SCOUT LIFE: What was the percentage of Scouts receiving Scouts Life Magazine?  
Percent \_\_\_\_\_

MEMBERSHIP: Did the Troop have an increase in membership this year? Yes \_\_\_ No \_\_\_  
Number of Scouts at the beginning of the year \_\_\_\_\_ Number of Current Members \_\_\_\_\_

**PATROL METHOD:**

**Did the Troop conduct Troop Junior Leader Training as outlined in the Scoutmasters Handbook and hold Monthly Patrol Leaders Council meetings? Yes \_\_\_ No \_\_\_**

**PARTICIPATION: Did the Troop participate in any Council or District Activities, such as Camporee?**

**May be done Virtually Yes \_\_\_ No \_\_\_**

**PROVIDE NARRATIVE  
USE EXTRA SHEETS AS NECESSARY**

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**11. FINANCIAL SUPPORT: Did the Post provide financial support for the Troop?**

**Yes \_\_\_ No \_\_\_ Please provide amount \$ \_\_\_\_\_**

**Commander \_\_\_\_\_  
Signature**

**Adjutant \_\_\_\_\_  
Signature**

**Judged and presented by Scouting Commission**

THE AMERICAN LEGION - DEPARTMENT OF OREGON 2025-2026 QUESTIONNAIRE  
NUMBER 5 – CUB SCOUT PROGRAM

**COMPLETED FORM DUE AT DEPT. HEADQUARTERS BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_ Date \_\_\_\_\_

**CUB SCOUT PROGRAM**

This award for the most outstanding Cub Scout Pack will be granted to the Post whose pack shows the greatest accomplishment during the current year on the following basis.

Make out a separate report for each pack of the Post sponsors.

Did the Post sponsor a Cub Scout Pack this year? Yes \_\_\_\_ No \_\_\_\_

Pack Number \_\_\_\_\_

2. TRAINING: Has the Cubmaster and at least 50 percent of the Den Leaders and Webelos Den Leaders taken CD19 Position Specific online training for their current positions? Yes \_\_\_\_ No \_\_
3. Have all registered adults passed Youth Protection training? Yes \_\_\_\_\_ No \_\_\_\_\_
4. LEADERSHIP: Does the pack have one or more Assistant Cubmaster (s) registered, trained, and active? Yes \_\_\_\_ No \_\_\_\_\_
5. OUTDOOR ACTIVITIES: Did the pack participate in one or more of the following experiences: Scout Day Camp, Resident Camp, Family Camp, Webelos Den overnights, and /or other activities conducted or approved by the District or Council?
6. May be done Virtually. Yes \_\_\_\_ No \_\_\_\_
7. ON-TIME CHARTER RENEWAL: Did the pack complete its charter renewal on time as required by the Council timeline? Yes \_\_\_\_ No \_\_\_\_\_



THE AMERICAN LEGION - DEPARTMENT OF OREGON  
2025-2026 QUESTIONNAIRE

NUMBER 6 – OLDER SCOUT PROGRAM (OSP) AWARD

(Varsity Team, Venture Crew, Sea Scout Ship, or Explorer Post)

COMPLETED FORM DUE AT DEPT. HEADQUARTERS BY MAY 1<sup>st</sup>

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_ Date \_\_\_\_\_

OLDER SCOUT PROGRAM AWARD

This award for the most outstanding Older Scout Unit will be granted to the Post whose Older Scout Unit shows the greatest accomplishment during the current year on the following basis.

**Make out a separate report for each OSP Unit the Post sponsors.**

Did the Post sponsor an OSP Unit this year? Yes \_\_\_ No. \_\_\_

Type of Unit \_\_\_\_\_ Unit No. \_\_\_\_\_

1. TRAINING:

Has the unit leader completed the appropriate Fast Start and Basic Leader Training?

Yes \_\_\_ No. \_\_\_

Have all registered adults completed Youth Protection Training? Yes \_\_\_ No \_\_\_

2. LEADERSHIP:

Does the OSP Unit have one or more assistants registered, trained, and active?

Yes \_\_\_ No. \_\_\_

If the OSP unit is coeducational, does the unit have at least one female adult assistant registered trained, and active? Yes \_\_\_ No \_\_\_

3. OFFICERS:

Did the OSP Unit elect officers and an officer's seminar was held? Yes \_\_\_ No \_\_\_

(This also could have been done virtually).

4. ON-TIME CHARTER RENEWAL:

Did the OSP unit renew its charter on time as required by the Council timeline?

Yes \_\_\_ No \_\_\_

5. SUPERACTIVITIES:

Did the OSP Unit conduct an annual super activity (such as a major trip, activity, or project) requiring advanced planning and promotion? Yes \_\_\_ No \_\_\_

(This also could have been done virtually).

6. PROGRAM:

Did the OSP Unit conduct a minimum of two meetings or activities each month?

(This also could have been done virtually). Yes \_\_\_ No \_\_\_

7. SERVICE PROJECT:

Did the OSP unit conduct a service project this year, preferably for the chartering organization or community? Yes \_\_\_ No \_\_\_

8. OPEN HOUSE:

Did the OSP unit conduct an annual open house or other efforts to recruit new members?

Yes \_\_\_ No \_\_\_

9. MEMBERSHIP:

Did the OSP unit have an increase in membership this year? Yes \_\_\_ No \_\_\_

Number of members at the beginning of the year \_\_\_\_\_

Current member number \_\_\_\_\_

10. OSP UNIT COMMITTEE:

Did the OSP unit have an adult committee of at least three members who were registered, trained, and active and met at least four times this year? Yes \_\_\_ No \_\_\_

11. FINANCIAL SUPPORT:

Did the Post provide financial support to the OSP unit? Yes \_\_\_ No \_\_\_



**THE AMERICAN LEGION - DEPARTMENT OF OREGON**

**2025-2026 QUESTIONNAIRE**

**NUMBER 7 – COMMUNITY SERVICE**

**COMPLETED FORM DUE AT DEPARTMENT BY MAY 15<sup>th</sup>**

Please Print or Type

Post Name \_\_\_\_\_

Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_

Date \_\_\_\_\_

1. Did the Post support any community fund drive? Yes \_\_\_\_\_ No \_\_\_\_\_

Examples: Red Cross, United Appeals, Heart Fund, March of Dimes, Cancer Society, Muscular Dystrophy, Handicapped Children's Education, etc.

How were these drives supported by the Post?

Explain:

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Hours \_\_\_\_\_ Miles \_\_\_\_\_

2. Did the Post participate in any safety campaign or program? Yes \_\_\_\_\_ No \_\_\_\_\_

Examples: Safety Council, First Aid Course, Home Safety Campaign, Fire Prevention, School Safety Patrol, etc.

In what capacity did the Post function?

Explain: \_\_\_\_\_

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3. Did the Post sponsor Legion Baseball? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the Post sponsor any other Baseball Program? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Did the Post support or sponsor a Squadron of Sons of The American Legion?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Did the Post support or sponsor one of the following Youth organizations?

Scouting Troops, Boys Clubs of America, Future Farmers of America, 4-H Club, etc.

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Did the Post participate in local elections? Yes \_\_\_\_\_ No \_\_\_\_\_

Examples: Registration, Get-Out-The-Vote campaign, Non-partisan Political

Information meetings, Transportation to polls, etc.

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours \_\_\_\_\_ Miles \_\_\_\_\_

7. Did the Post support any community Holiday activities? Yes \_\_\_\_ No \_\_\_\_

Examples: Street decoration, House decoration contest, Easter Egg Roll, etc.

8. Was a Marksmanship program sponsored by the Post? Yes \_\_\_\_ No \_\_\_\_

**Note:** If the answer is **YES**, fill out Questionnaire No. 8 ‘Junior Marksmanship.’

9. Were Post Facilities available for activities designed to create a harmonious community

“Spirit”? Yes \_\_\_\_ No \_\_\_\_

10.. Has the Post participated in Community Enhancement projects? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours \_\_\_\_\_ Miles Traveled \_\_\_\_\_ Money \$ \_\_\_\_\_

11. Visitations and Contributions to hospitals and institutions? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours \_\_\_\_\_ Miles Traveled \_\_\_\_\_ Money \$ \_\_\_\_\_

12. Improved Firefighting equipment? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours \_\_\_\_\_ Miles Traveled \_\_\_\_\_ Money \$ \_\_\_\_\_

13. Has the Post supported any other community Project? Yes \_\_\_\_ No \_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours \_\_\_\_\_ Miles Traveled \_\_\_\_\_ Money \$ \_\_\_\_\_

**Please provide: Total Hours \_\_\_\_\_**

**Total Miles Traveled \_\_\_\_\_**

**Total Expenses \$ \_\_\_\_\_**

**Attached** Additional sheets indicating Post Number, Questionnaire title, Number, and the item number from this page to which additional information applies. BE SURE to index your supplemental sheets and place them in the same order as the questions.

Commander \_\_\_\_\_ Adjutant \_\_\_\_\_

Signature

Signature

AWARDS TO BE PRESENTED

Posts 15 to 100

Posts 101 to 250

Posts 251 to 500

Posts 501 to 750

Posts 751 and up

**ALL QUESTIONS MUST BE ANSWERED WITH AN EXPLANATION AS WELL AS YES OR NO. ANY QUESTIONS HAVING A YES OR NO ONLY WILL NOT BE CONSIDERED FOR THE AWARD.**

**Judged and presented by Trophies & Awards Committee**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**  
**2025-2026 QUESTIONNAIRE NUMBER 8 – JUNIOR MARKSMANSHIP**  
**COMPLETED FORM DUE AT DEPARTMENT BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_ Date \_\_\_\_\_

1. How many Legionnaires of your Post regularly participate in this program?  
Number \_\_\_\_\_
2. How many Juniors benefited from this program in the past year?  
Number \_\_\_\_\_
3. Do you sponsor teams that compete against other teams? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do any or all of the team members belong to a Junior Reserve Officer Training Corps program?  
Army \_\_\_\_\_ Marine Corps \_\_\_\_\_ Navy \_\_\_\_\_ Air Force \_\_\_\_\_  
Name of High School \_\_\_\_\_
5. Are any of the teams chartered with the National Rifle Association of America?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are any of the teams registered with the Civilian Marksmanship Program?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are any of the teams chartered with USA Shooting?  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. List any Team Awards or Trophies won by each team as a Unit:

Team Name and/or Number \_\_\_\_\_

Trophy/Award Name \_\_\_\_\_

Team Name and/or Number \_\_\_\_\_

Trophy/Award Name \_\_\_\_\_

Team Name and/or Number \_\_\_\_\_

Trophy/Award Name \_\_\_\_\_

Team Name and/or Number \_\_\_\_\_

Trophy/Award Name \_\_\_\_\_

List Awards or trophies won by members of the Team as individuals. Enter the names of the winners and specify the Awards or Trophies won:

Trophy/Award \_\_\_\_\_ Name \_\_\_\_\_

Trophy/Award \_\_\_\_\_ Name \_\_\_\_\_

Trophy/Award \_\_\_\_\_ Name \_\_\_\_\_

9. Did the Post support "FIREARMS INSTRUCTION?" Yes \_\_\_\_\_ No \_\_\_\_\_

Explain to what capacity and extent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

a. Was Air Gun Instruction provided? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Did the Post sponsor a Gun Safety Class? Yes \_\_\_\_\_ No \_\_\_\_\_

10. If the above questions do not seem applicable to your case, write your explanation of the MARKSMANSHIP program carried on or sponsored by your Post.

Commander \_\_\_\_\_ Adjutant: \_\_\_\_\_

Signature

Signature

**Two Awards:**

**Posts 15 – 500**

**Posts 500 and Up**

**Judged and presented by Junior Shooting Sports Committee**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**

**2025-2026 QUESTIONNAIRE**

**NUMBER 9 – DISTINGUISHED LEGIONNAIRE OF THE YEAR**

**(July 1, 2025 – June 30, 2026)**

**NOMINATIONS ARE DUE TO THE DEPARTMENT NO LATER THAN MAY 15<sup>th</sup>**

**ELIGIBILITY:** Any Legionnaire who is a member in good standing of any Post in the Department of Oregon.

**AWARD CRITERIA:** Selection to be made solely on merit for verifiable service and contributions to The American Legion and the Department of Oregon during the current American Legion Membership year (July 1, 2025 – June 30, 2026). Nominations should present a well-rounded narrative on behalf of the nominee, providing clear and convincing justification as to why the nominee warrants being the recipient of this prestigious Department Award above all other Legionnaires during the specified timeframe.

Submitting Post Name: \_\_\_\_\_ Post # \_\_\_\_\_

Number of members in Post: \_\_\_\_\_ Date: \_\_\_\_\_

Nominee Name \_\_\_\_\_ Member ID # \_\_\_\_\_ Post # \_\_\_\_\_ District # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

If applicable, list any elected or appointed positions (officer, chairman, commission/committee member) the nominee served at Post, District, Department or National levels from July 1, 2025, through June 30, 2026.

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Which of the 4-Pillars of The American Legion were your nominee’s contributions involved with? (You may check more than one).

Veterans Affairs & Rehabilitation  Americanism  Children and Youth  National Security

List any awards and/or recognition the nominee received for service to The American, community, state, or nation during the period July 1, 2025, through June 30, 2026:

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List any American Legion training (virtual or in-person) the nominee participated in during the period of July 1, 2025, through June 30, 2026:

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Which events did the nominee participate in during the period from July 1, 2025, through June 30, 2026:

Monthly Post Meetings  District Meetings  Department Meetings  Community Events

**NARRATIVE:** Explain why nominee should be recognized as Department of Oregon’s Distinguished Legionnaire of the Year (July 1, 2025 - June 30, 2026). Include any media information, letters of support, or certificates of Legion and/or community recognition if applicable. Use additional page(s) as necessary in your narrative.

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**THE AMERICAN LEGION - DEPARTMENT OF OREGON**

**2025-2026 QUESTIONNAIRE**

**(For the Period July 1, 2025, to April 15, 2026)**

**NUMBER 10 - PUBLIC RELATIONS**

COMPLETED FORM DUE AT DEPARTMENT NO LATER THAN  
MAY 1<sup>st</sup>

Post Name and Location: \_\_\_\_\_ Post No. \_\_\_\_\_

Number of Members in Post: \_\_\_\_\_ Date: \_\_\_\_\_

1. Does the Post hold memberships in any community service organization such as the Chamber of Commerce, Habitat for Humanity, Food Bank, and others? No \_\_\_ If so, list the names of Yes \_\_\_ the organization(s) the Post is a member of:

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2. Which mode of social media resources does the Post use to publicize its activities:

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Daily/Weekly Newspapers | <input type="checkbox"/> Facebook   | <input type="checkbox"/> Community Meetings       |
| <input type="checkbox"/> Billboards              | <input type="checkbox"/> Twitter    | <input type="checkbox"/> Post Newsletter/Bulletin |
| <input type="checkbox"/> Post Webpage            | <input type="checkbox"/> Television | <input type="checkbox"/> Letters to the Editor    |
| <input type="checkbox"/> District Webpage        | <input type="checkbox"/> Radio      | <input type="checkbox"/> Press Releases           |
| <input type="checkbox"/> Department Webpage      | <input type="checkbox"/> Magazine   | <input type="checkbox"/> E-Mail                   |

3. Does Post participate in Community Festivities and Celebrations such as Pageants, Rodeos, Fairs, parades, centennials, and other events: Yes\_ No\_ If so, list the occasion(s) and purpose of the event:

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4. What American Legion events does the Post invite the public to attend and/or participate?

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5. How does the Post reach out to the public to attend and/or participate in American Legion events?

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6. Does the Post have a Public Relations officer? Yes \_\_\_ No \_\_\_

7. Does the Post submit articles to the Department's *Oregon Legionnaire* newsletter? Yes \_\_\_ No \_\_\_

How does the Post introduce American Legion Youth Programs to schools and to the community at large?

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How often is the Post newsletter published and distributed to Post members?

\_\_\_ Annually \_\_\_ Quarterly \_\_\_ Monthly \_\_\_ Every two months

To include additional information about your Post-Public Relations program, please use additional sheets and include Questionnaire Number, Post Number, Name, and Item Number from this page to which the information applies. News clippings, photos, and other media examples are welcome.

## **PUBLIC RELATIONS AWARD ELIGIBILITY**

Category 1: Posts with membership 15-150.

Category 2: Posts with membership 151-300.

Category 3: Posts with membership 301-450.

Category 4: Posts with membership 451 and more.

**Judged and presented by the Department Public Relations Committee.**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**

**2025-2026 QUESTIONNAIRE**

**NUMBER 11 – RITUAL TEAM AWARD**

**COMPLETED FORM DUE AT DEPT. HEADQUARTERS BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_ Date \_\_\_\_\_

1. How many members are on your team? Number \_\_\_\_\_
2. Does the Team have uniforms? Yes \_\_\_\_\_ No \_\_\_\_\_ (not necessarily required)
3. Do they all have their parts memorized? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, how many do?  
Number \_\_\_\_\_

**ACTIVITY:** State the number of performances since June 1, 2025, in each of the following categories:

4. Initiations \_\_\_\_\_
5. Installations \_\_\_\_\_
6. Post Everlasting \_\_\_\_\_
7. Funerals \_\_\_\_\_
8. Flag Disposal \_\_\_\_\_
9. Flag Raising/Lowering \_\_\_\_\_
10. Parades \_\_\_\_\_
11. Other Public Appearances \_\_\_\_\_

Commander \_\_\_\_\_ Adjutant: \_\_\_\_\_

Signature

Signature

**AWARDS**

Posts 15 to 500

Posts 501 and up

**Judged and presented by the Trophies and Awards Committee**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**

**2025-2026 QUESTIONNAIRE**

**NUMBER 12 – COLOR GUARD TROPHY**

**COMPLETED FORM DUE AT DEPARTMENT BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_ Date: \_\_\_\_\_

1. How many members on your team? \_\_\_\_\_
2. Does the Team have uniforms? Yes \_\_\_\_ No \_\_\_\_ (not necessarily required)

ACTIVITY: State the number of performances since June 1, 2025, in each of the following categories:

3. Post Everlasting \_\_\_\_\_
4. Funerals \_\_\_\_\_
5. Flag Disposal \_\_\_\_\_
6. Flag Raising/Lowering \_\_\_\_\_
7. Parades \_\_\_\_\_
8. Other Public Appearances \_\_\_\_\_

Commander \_\_\_\_\_ Adjutant \_\_\_\_\_

Signature

Signature

**Color Guard**

**Post 15 to 500**

**Post 501 and up**

**Judged and presented by the Trophies and Awards Committee**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**

**2025-2026 QUESTIONNAIRE**

**NUMBER 13 – HONOR GUARD TROPHY**

**COMPLETED FORM DUE AT DEPT. HEADQUARTERS BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_ Date \_\_\_\_\_

1. How many members on your team? \_\_\_\_\_
2. Does the Team have uniforms? Yes \_\_\_ No \_\_\_

ACTIVITY: State the number of performances since June 1, 2025 in each of the following categories:

3. Post Everlasting \_\_\_\_\_
4. Funerals \_\_\_\_\_
5. Other Public Appearances \_\_\_\_\_

**Qualifications:**

Must have an active Honor Guard, versed in Military Graveside Services, rifle volleys, flag folding, and presented.

Honor Guard must be able to field a seven (7) man rifle squad with a squad leader properly trained and uniformed to represent The American Legion properly.

Must provide graveside services to any Veteran requested by licensed funeral directions.

Providing ceremonial Flag services for other organizations should also be considered part of the duties of an Honor Guard.

Commander \_\_\_\_\_

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

Signature

Signature

**HONOR GUARD AWARD**

15 – 500

501 and up

**Judged by: Three (3) Legionnaires chosen by Department Commander**

**No Judge will be from any team in consideration for this award.**

**Presented by Trophies and Awards Committee**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**

**2025-2026 QUESTIONNAIRE**

**NUMBER 14 – “ADJUTANT OF THE YEAR”**

**COMPLETED FORM DUE AT DEPARTMENT BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_ Date \_\_\_\_\_

**NAME** \_\_\_\_\_

This traveling trophy will be presented annually at the Department Convention. The recipient of the award will be determined by the Department Headquarters Staff. When reviewing the work done by the Adjutant, the size of the Post and the area involved will be taken into consideration. A certificate will be presented to the Home Post of the recipient Adjutant for the year of the award. At the time of the award presentation, a personal plaque will be presented to the winning Adjutant.

**FILL IN THE FOLLOWING INFORMATION**

1. Is the Post Adjutant salaried? Yes \_\_\_\_\_ No \_\_\_\_\_

2. The Adjutant has served since the Installation of Officers in **2025**?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain:

3. The Adjutant attends the following:

a. Post meetings Yes \_\_\_\_\_ No \_\_\_\_\_

b. District meetings Yes \_\_\_\_\_ No \_\_\_\_\_

c. Department Conventions Yes \_\_\_\_\_ No \_\_\_\_\_

4. When unable to attend Post meetings, the Adjutant makes available to his/her replacement or the Post Commander, the previous Post meeting minutes and all necessary correspondence, old and new business to be brought up.

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Upon receiving a member's dues (new or renewal) the Adjutant will promptly mail the membership card and free insurance form (when applicable) to the member. Yes \_\_\_\_ No \_\_\_\_
  
6. Promptly submits to Department, correctly processed membership cards.  
Yes \_\_\_\_ No \_\_\_\_
  
7. Write a statement in your own words explaining why you believe your Post Adjutant is Oregon's best Post Adjutant. Include significant achievements made by the nominee while performing the duties of Post Adjutant; also list his/her Legion activities other than the duties of an Adjutant. List civic or other activities other than The American Legion.

Commander \_\_\_\_\_  
Signature

Other Post Officer \_\_\_\_\_  
Signature

**Judged by Department Adjutant**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**  
**2025-2026 QUESTIONNAIRE**  
**NUMBER 15 – HISTORY RULES**

**NOTE: HISTORIES ARE TO BE TURNED IN TO THE HISTORIAN**  
**AT THE DEPARTMENT CONVENTION**  
**Before 12:00 (NOON) THURSDAY**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_ Date \_\_\_\_\_

**PART I – FORMAT – 40 POINTS**

1. **COVER:** A standard three-ring binder, or similar type, to accommodate 8 ½ x 11-inch bond paper must be used with The American Legion emblem centered (left to right) on the cover with the name and number of the post. However, the binders available through National Emblem Sales have The American Legion embossed on them.

Each book is not to exceed three inches between the front and back cover. If you submit two or more binders, you must indicate on the cover and title page the wording “Volume I”, “Volume II”, etc.

2. **NAME/ADDRESS OF COMPILER:** the full name and complete mailing address of the history author should appear on the inside front cover on the lower left-hand corner. It will be neatly typed and centered on a 3x5 inch index card.

3. **TITLE PAGE:** This should be the first page facing the reader as the yearbook is opened. It should be centered on the page and be in a logical arrangement with double spacing or more and contain the following:

YEARBOOK OF  
(Name of Post) POST NO. (Number of Post)  
THE AMERICAN LEGION  
(City Location and State)  
2019-2020  
BY (Person Compiling Yearbook)

4. INTRODUCTION: Every yearbook should carry a Forward or Introduction, setting forth the reasons for the organization and may include:

- a. The selection of the Post name. If for a departed comrade or comrades, include an available. Short biographical sketch of their lives and include photographs if they are
- b. If possible, include a brief resume of your community's history, and especially the part played by the locality in furnishing the men and women during the wars and conflicts.
- c. Mention should also be made of the formation of our National Organization with a tie-in of the Department and Post.
- d. If your Post has a Post home, you may want to include a photograph of it and the street address location.
- e. You can have a biographical background of the current Post Commander or the author of the yearbook with a photograph included.
- f. You may also use this space to acknowledge any assistance used in compiling the yearbook.

5. TABLE OF CONTENTS: Consists of chapters covering programs with page references.

6. PREAMBLE TO THE CONSTITUTION OF THE AMERICAN LEGION: This basic document which sets forth the principle aims of The American Legion is a fitting introduction and should follow the INTRODUCTION. It should be centered on the page and spaced in a neat and logical arrangement. Multicolored prints 8-1/2 x 11 inches of the PREAMBLE, may be obtained through National Emblem Sales.

7. INDEX: The alphabetical index is the last page of every yearbook. This comprehensive index of names, places, and events mentioned in your yearbook, with page references, shall be carried at the end of the yearbook. The index must cover all volumes.

8. PAGE NUMBERING: This appears to be a common oversight when compiling yearbooks. Do not forget to number all the pages. However, be consistent in where the page numbers are placed, either at the top or bottom of pages. Page numbering will start with the title page.

ORDER OF PAGE NUMBERING: The above pages should appear in order as listed above with pages listed in Arabic numerals or Roman numerals as follows:

Title Page	1 or I
Introduction	2 or II
Table of Contents	3 or III
Preamble	4 or IV

The following units will list each page in consecutive order using Arabic numerals, then the next number will follow your last number (e.g., if the Preamble is 4, then the first page of the history is 5), If you use Roman numerals, then the first page of the history is 1 (e.g., if the Preamble is IV, then the first page of the history is 1).

## **PART II – PROGRAMS AND ACTIVITIES/READABILITY – 50 POINTS**

### **ONE-YEAR POST MEMORABILIA:**

1. The yearbook material for your Post programs and activities will follow the PREAMBLE and precede the INDEX.
  
2. The yearbook is to cover one year, from the installation of officers up to and including the annual Department Convention. This time frame may vary from the last Convention to the current Convention.
  
3. A record is vitally important as the history itself is a complete and accurate yearbook containing all newspaper clippings, photographs, copies of programs, tickets, badges, and other items pertaining to the Post and its activities.
  
4. All material recorded in the yearbook must be in chronological order. A systematic and logical arrangement should be sought and planned. The reader must be able to follow the meaning of the illustrations (news clippings, photographs, etc.) with very little difficulty and confusion.
  - a. All newspaper clippings must include the name and date of the publication from which it was taken (must be cut from publication and pasted at the top of the article.)
  
  - b. All photographs must be identified by full proper names (nicknames in brackets), from “left-to-right,” occasion, source, date function, etc. You may know who is in the photograph and why, but the reader may not.

- c. Be sure all photographs are clear and sharp, as blurry, or fuzzy prints will detract rather than enhance your yearbook. Proper arrangement with the caption is important to achieve an eye-catching yearbook.
5. Neatness and originality are even more important for yearbooks than for narrative histories since all the material in the yearbook must be identified properly to make it worthwhile. If the compiler cannot type, nor print well, he or she should have a competent person do the printing or make typewritten inserts for him/her.
  6. The judges will consider the foregoing factors as well as the comprehensiveness of the yearbook and the features which made the yearbook especially attractive or especially useful and of historic value.

### **PART III– JUDGES’ OPTION**

Under this category, Judges will consider a number of qualities or items of content in the yearbooks, which are not readily cataloged under the preceding headings. Some yearbooks contain items and features which make them attractive and especially useful.

By the same token, if inaccuracies should come to the attention of the Judges, they will have a disqualifying effect on your entry.

## **NATIONAL JUDGING STANDARDS FOR A ONE-YEAR POST-PICTORIAL YEARBOOK CONTEST**

### **PART I – FORMAT – 40 POINTS**

1. COVER – Not to exceed 12 x 15 inches, emblem, etc. (5) \_\_\_\_
2. NAME/ADDRESS OF COMPILER – inside front cover/lower left-hand corner (5) \_\_\_\_
3. TITLE PAGE – centered in a logical arrangement, double line spacing plus, etc. (5) \_\_\_\_
4. INTRODUCTION – background of Post; tie-in Department/National; community, etc. (5) \_\_\_\_
5. TABLE OF CONTENTS – page reference covering programs, events (5) \_\_\_\_
6. PREAMBLE - to the Constitution of The American Legion, etc. (5) \_\_\_\_
7. INDEX – comprehensive alphabetical listing carried at end of Yearbook (5) \_\_\_\_
8. PAGE NUMBERING – carried on Post Memorabilia pages and index (5) \_\_\_\_

**PART II – PROGRAMS AND ACTIVITIES/READABILITY – 50 POINTS**

1. ARRANGEMENT – systematic and logical arrangement should be sought and planned; material to be recorded in chronological order. The reader must be able to follow the meaning of the illustrations (pictures, clippings, copies of programs, tickets, badges, etc.) with very little difficulty or confusion.

(20) \_\_\_\_

2. IDENTIFICATION – All clippings and/or photographs must have occasion, source, dates, functions, names, etc. listed to properly identify the subject matter. Provide proper left-to-right identifications.

(10) \_\_\_\_

3. CLEAR CUT PHOTOGRAPHS – Blurry/fuzzy prints will detract. (10) \_\_\_\_

4. ORIGINALITY - Unique in thought and presentation. (10) \_\_\_\_

**PART III – JUDGES OPTION – 10 POINTS**

1. JUDGES WILL CONSIDER – a number of qualities or items of content in the Yearbook that are not readily cataloged under the preceding headings. They may determine that some Yearbooks contain items and features which make them attractive and especially useful (10) \_\_\_\_

**TOTAL POINTS OF ENTRY (100) \_\_\_\_\_**

\*Point System to be awarded “Up To” amount shown. Possible Total – 100 Points

POST HISTORY BOOK \_\_\_\_\_

POST NAME \_\_\_\_\_ POST NUMBER \_\_\_\_\_

PERIOD COVERED \_\_\_\_\_ to \_\_\_\_\_

Commander \_\_\_\_\_ Adjutant: \_\_\_\_\_

Signature

Signature

Posts with 15 to 150 members

Posts with 151 to 500 members

Post with 501 and over

Awarded to the history judged “Best of the Three”

Award Winner and will be sent to National Headquarters for Judging in National History Book Contest

**Judged by: Three (3) Legionnaires chosen by Department Commander.**

**To be judged at Department Convention.**

**No Judge may be selected from a Post who has a Post Pictorial/History Yearbook in competition.**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**  
**2025-2026 QUESTIONNAIRE**  
**NUMBER 16 – BACK TO GOD PROGRAM**  
**COMPLETED FORM DUE AT DEPARTMENT BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_ Date \_\_\_\_\_

1. Did your Post open and close its meetings with prayer? Yes \_\_\_\_ No \_\_\_\_  
Number of meetings held \_\_\_\_\_ Number of times prayer was used in opening \_\_\_\_\_  
and closing of meetings \_\_\_\_\_

2. What religious programs or ceremonies have been sponsored by the Post?  
Give details:

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3. What religious programs or ceremonies have the Post participated in but did not sponsor?  
Explain the extent of participation:

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4. Were physically disadvantaged persons or senior citizens transported to Church, under your  
sponsorship? Yes \_\_\_\_ No \_\_\_\_

5. What has the Post done in advertising religious activity in your community?

a. Religious news editorials:

Number \_\_\_\_\_

Kind \_\_\_\_\_

b. Posted signs:

Number \_\_\_\_\_

Kind \_\_\_\_\_

c. Distributed literature? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Religious theme parade floats, etc. Yes \_\_\_\_\_ No \_\_\_\_\_

**(Give details on a separate sheet of paper)**

6. Did the Post Chaplain make calls or visit the sick Veterans in the Post community? Yes \_\_\_\_\_  
No \_\_\_\_\_

**(Give details on a separate sheet of paper)**

7. Write up why Post Chaplain should be selected as Chaplain of Year and attach to the questionnaire.

Commander \_\_\_\_\_ Adjutant \_\_\_\_\_

Signature

Signature

**Judged and presented by Department Chaplain**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**  
**2025-2026 QUESTIONNAIRE**  
**NUMBER 17 – SERVICE OFFICER OF THE YEAR**  
**COMPLETED FORM DUE AT DEPT. HEADQUARTERS BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post: \_\_\_\_\_ Date: \_\_\_\_\_

Commander \_\_\_\_\_ Adjutant: \_\_\_\_\_

Signature

Signature

**“OUTSTANDING POST SERVICE OFFICER”**

**THE DEPARTMENT OF OREGON**

**Name of Post Service Officer** \_\_\_\_\_

The annual award will be presented at the Department Convention, as determined by the Department Executive Committee.

The recipient of this award will be determined by the Department Service Office. The Department Award Certificate will be presented to the Home Post of the recipient Post Service Officer for the year. In concert with the selection of the Department Post Service Officer, an “Individual Plaque” will be presented to the selected Post Service Officer.

**COMPETITION INFORMATION**

The Post competing must submit a written statement of 200 words or less. The narrative should include accomplishments of the Post Service Officer such as Direct Services provided in the aid of Veterans and Family Members. Internal Post activities hosted by the Post Service Officer; (i.e., Veterans Programs) such as veterans informational and guidance seminars, direct person assistance, employment referrals, financial assistance, and VA claim referrals to the Department Service Office. All activities and specific functions performed by the Post Service Officer must have been accomplished through his/her own Post and NOT by, or FOR any other Post Activities, (such as VA Hospitals, Churches, etc.) Keep in mind, this competition is to identify actions taken by the Post Service Officer for internal activities as they relate to Veterans Affairs within the respective Post and the Veterans Community.

**Judged and awarded by the Department Service Officer**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**  
**2025-2026 QUESTIONNAIRE**  
**NUMBER 18 – REHABILITATION REPORT**  
**COMPLETED FORM DUE AT DEPARTMENT BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_ Date \_\_\_\_\_

1. Competing Post will submit in story form, not to exceed 1,000 words, any activities of Rehabilitation done by **Post Members Only**.

NO CREDITS CAN BE USED WHICH ARE DERIVED FROM THE AUXILIARY OF YOUR POST

2. Gifts to Gift Shops of Veteran's Hospitals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monetary value of gifts \$ \_\_\_\_\_

3. Contributions to VAVS \$ \_\_\_\_\_

4. Christmas Basket Program No. \_\_\_\_\_ \$ \_\_\_\_\_

5. Hospital Visits, how many? \_\_\_\_\_ Hours \_\_\_\_\_

6. Aid to Veterans' families, how many? \_\_\_\_\_

Money Spent \$ \_\_\_\_\_

7. Contributions to Post's Auxiliary Program \$ \_\_\_\_\_

8. Mileage for hospital visits \_\_\_\_\_ and/or hospital parties \_\_\_\_\_

(to include all food donations, party favors, etc., monetary value \$ \_\_\_\_\_)

9. All other projects giving Aid to Veterans (ATTACH SUPPLEMENTARY REPORT GIVING HOW MANY ASSISTED.)

Attest: Commander \_\_\_\_\_ Adjutant: \_\_\_\_\_  
Signature Signature

**Rehabilitation Award**

Posts 15 to 250 members

**Rehabilitation Award**

Posts 251 to 500

**Rehabilitation Award**

Posts 500 and up

**Judged and presented by VA & Rehabilitation Commission**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**  
**2025-2026 QUESTIONNAIRE NUMBER 19: HUNTER SAFETY EDUCATION REPORT**  
**COMPLETED FORM DUE AT DEPARTMENT OF OREGON BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post: \_\_\_\_\_ Date: \_\_\_\_\_

*Do not confuse this report with the JUNIOR MARKSMANSHIP REPORT.*

1. Did your Post sponsor an Oregon Department of Fish and Wildlife approved Hunter Education Course or Field Day? Yes \_\_\_\_\_ No \_\_\_\_\_
2. How many Legionnaires from your Post participate in this program? Number \_\_\_\_\_
3. Total number of volunteer hours? \_\_\_\_\_
4. Total number of dollars donated in support of the program? \$ \_\_\_\_\_  
For Meeting room(s) \$ \_\_\_\_\_  
For Refreshments \$ \_\_\_\_\_  
For Scholarship(s) \$ \_\_\_\_\_  
For use of Shooting Range(s) \$ \_\_\_\_\_
5. Number of classes held between June 1<sup>st</sup>, 2025, and April 15<sup>th</sup>, 2026 \_\_\_\_\_
6. Average number of students per class \_\_\_\_\_
7. Total number of students between June 1<sup>st</sup>, 2025, and April 15<sup>th</sup>, 2026 \_\_\_\_\_

Please give a short narrative about your post's hunter education course(s) or field day(s) (e.g., details about: Instructors and their qualifications, the age range of students, the classroom(s) and shooting facilities, firearm and archery safety, game wildlife identification/habitat/conservation, hunting firearms and archery equipment, hunting seasons, laws and permits regulating hunting, clothing, useful equipment in the field, camping equipment, finding one's way through the field and the forest, field dressing of

game, first aid, care/cleaning/transportation/storage of firearms and archery equipment).

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Commander \_\_\_\_\_  
Signature

Adjutant \_\_\_\_\_  
Signature

Small Posts 15 – 500

Large Posts 501 and up

**Judged and presented by Junior Shooting Sports Committee**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**  
**2025-2026 TROPHY AND AWARDS**  
**QUESTIONNAIRE NUMBER 20 – VETERANS AWARD**  
**GRENADA, LEBANON, PANAMA & PERSIAN GULF CONFLICTS**  
**COMPLETED FORM DUE AT DEPT. HEADQUARTERS BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_

Post No. \_\_\_\_\_

Number of members in Post: \_\_\_\_\_

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

TO ALL POST ADJUTANTS

These certificates will be awarded annually to the Post having the highest percentage of Grenada, Lebanon, Panama, and Persian Gulf Veterans enrolled.

This percentage will be based on the Post’s total membership as of the final “Department Membership Bulletin” issued before the State Convention.

List the number of Grenada, Lebanon, Panama, and Persian Gulf Veterans enrolled in your Post and signed up as members in this current year:

Grenada/Lebanon	
Panama	
Persian Gulf/War on Terror	
<b>TOTAL</b>	

This form must be submitted to Department Headquarters no later than the arrival date set out in the heading to be eligible to compete in the fiscal year before the State Convention.

Commander \_\_\_\_\_

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

Signature

Signature

Posts 15 to 100

Posts 101 to 250

Posts 251 to 500

Posts 501 and over

Judged and presented by Department 1<sup>st</sup> Vice Commander and Membership Commission Chair

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**  
**2025-2026 QUESTIONNAIRE**  
**NUMBER 21 – TEACHER OF THE YEAR**  
**COMPLETED FORM DUE AT DEPARTMENT BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_ Date: \_\_\_\_\_

**ELIGIBILITY: Any State-certified teacher working in the State of Oregon Grades 1 through 12.**

**AWARD: Selection to be made solely on merit for service during the current year.**

NAME \_\_\_\_\_ OF NOMINEE.

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

NAME \_\_\_\_\_ OF SCHOOL.

LOCATION \_\_\_\_\_

**The Post must submit a written statement.**

**The narrative should include the accomplishments of the Teacher.**

1.. Did the nominated teacher involve students in the following activities?

Community Service program (s) Yes \_\_\_\_\_ No \_\_\_\_\_ How many \_\_\_\_\_

Flag Education program(s) Yes \_\_\_\_\_ No \_\_\_\_\_ How many \_\_\_\_\_

Veterans Memorial Visitation or Parade Yes \_\_\_\_\_ No \_\_\_\_\_ How many \_\_\_\_\_

2.. Did the nominated teacher instruct students in the following areas?



**THE AMERICAN LEGION – DEPARTMENT OF OREGON**

**CHILDREN & YOUTH**

**2025-2026 POST NARRATIVE REPORT FORM**

**NUMBER 22 – CHILDREN & YOUTH**

**Send this narrative with the report form and any attached narrative sheets to your Department Children & Youth Chair, in care of Department Headquarters by May 1<sup>st</sup>**

(Please Type or Print)

Post Name \_\_\_\_\_ No. \_\_\_\_\_ Date \_\_\_\_\_  
Present Membership \_\_\_\_\_

A. Did your Post file a Consolidated Post Report form? Yes \_\_\_\_\_ No \_\_\_\_\_

B. Did your Post participate in any one-off following National Children & Youth Program objectives?

\_\_\_\_ Missing Children                      \_\_\_\_ Suicide Prevention                      \_\_\_\_ Drug & Alcohol  
\_\_\_\_ April is Children & Youth Month      \_\_\_\_ Children’s Miracle Network                      \_\_\_\_ Halloween Safety  
\_\_\_\_ Temporary Financial Assistance      \_\_\_\_ Child Welfare Foundation                      \_\_\_\_ Spinoza Bears  
\_\_\_\_ Juvenile Delinquency                      \_\_\_\_ Family Emphasis Program                      \_\_\_\_ Abuse Prevention  
\_\_\_\_ Other Programs (Please list)

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C. Estimate the number of volunteer service hours provided by your Post membership for the Children & Youth in your community. \_\_\_\_\_ Hours

D. Please estimate the amount of money your Post expended on administrative expenses for the Children & Youth overhead, i.e., Postage, printing, conference, travel, etc. \$ \_\_\_\_\_

- E. Please estimate the total amount of money the Post expended for Children & Youth programs other than (D) above \$ \_\_\_\_\_

Please describe, in detail, **one** specific Child & Youth activity promoted by your Post. (Attached are extra sheets if necessary). REMEMBER: This section of the narrative report is most important to your

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Department Children & Youth Commission in determining awards:

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- G. Please describe any other Post Children & Youth activities that your Post has been involved in that you feel are worthy of comment:

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**To the POST Children & Youth Chair:**

1. Before completing this form, be sure your section of the Consolidated Post Report form is completed.
2. Fill out this narrative report form.
3. Send this narrative report form and any attached narrative sheets to your Department Children & Youth Chair, in care of Department Headquarters by **May 1<sup>st</sup>**
4. This narrative report form is NOT to be attached to the Consolidated Post Report. It is intended for the Department Children & Youth Commission to determine Post Children & Youth awards and to substantiate to National Headquarters that your Department has attained 100 percent Children & Youth Post narrative reporting.

5. To make your total report more effective, it is recommended that you make additional copies of this form, maintain one in the Post file, and mail one to the District Children & Youth Chair.

AWARDS TO BE PRESENTED

Posts 15 to 100

Posts 101 to 200

Posts 201 to 500

Posts 501 to 750

Posts 751 and up

**Post with Best Overall Program**

**Judged and presented by Children and Youth Committee**

**THE AMERICAN LEGION - DEPARTMENT OF OREGON**  
**2025-2026 QUESTIONNAIRE**  
**NUMBER 23 – CHAPLAIN OF THE YEAR**  
**“OUTSTANDING POST CHAPLAIN”**  
**DEPARTMENT OF OREGON**  
**COMPLETED FORM DUE AT DEPARTMENT BY MAY 1<sup>st</sup>**

Please Print or Type

Post Name \_\_\_\_\_ Post No. \_\_\_\_\_

Number of members in Post \_\_\_\_\_ Date \_\_\_\_\_

**Name of Post Chaplain** \_\_\_\_\_

The annual award and trophy will be presented at the Department Convention, as determined by the Department Chaplain.

1. A number of Post Internal Activities such as Memorials, Funerals, and Post Special Services are hosted by the Post Chaplain. Please give details below:

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2. A number of Direct Services are provided in the aid of Veterans and Family Members such as Veteran’s Activities and Seminars, Direct Personal Assistance, Employment Referrals, and Financial Assistance. Please give details below.

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3. Did the Chaplain conduct a special service for the Four Chaplains? Yes \_\_\_ No \_\_\_

**Please submit a written statement of 500 words or less. The narrative should include the accomplishments of the Post Chaplain.**

Commander \_\_\_\_\_ Adjutant \_\_\_\_\_  
Signature Signature

**Judged and presented by Department Chaplain**

**THE AMERICAN LEGION – DEPARTMENT OF OREGON**

**2025-2026 QUESTIONNAIRE**

**NUMBER 24 - POST NEWSLETTER**

**THEY NEED TO REACH THE DEPARTMENT NO LATER THAN MAY 15<sup>th</sup>**

Please Print or Type

Post Name \_\_\_\_\_

Post No. \_\_\_\_\_

Number of Members in Post \_\_\_\_\_

Date \_\_\_\_\_

Send in copies of at least three (3) different issues of your Post Newsletter published between May 1<sup>st</sup> last year and April 30<sup>th</sup> of this year. They need to reach Department Headquarters **NO LATER THAN May 15<sup>th</sup>**. Your submissions will be judged on the following:

1. Content well-suited to the audience and The American Legion.
2. Content is well-balanced and shows a variety of subject matter.
3. Lead and writing hold interest.
4. Writing is clear and concise.
5. Articles are well-organized.
6. Articles are accurate, reflect research, and are credible and convincing.
7. Overall design makes it an effective publication.
8. Good balance in the use of illustration.
9. Cover or front page is effective and well-designed.
10. Evaluation of printing/paper quality.

Commander \_\_\_\_\_

Adjutant \_\_\_\_\_

Signature

Signature

**POST NEWSLETTER AWARD**

15 to 500 Post Membership

501 and up Post Membership

**Judged by Oregon Legionnaire Committee**

**POST AND UNIT "UNITY" AWARD**

**NARRATIVE REPORT FORM**

**THE AMERICAN LEGION & AUXILIARY - DEPARTMENT OF OREGON**

**Number 25**

PLEASE COMPLETE THIS FORM AND SEND IT TO THE DEPARTMENT BY APRIL 15<sup>th</sup>

**THIS IS FOR ONE "SINGLE" PROJECT COMPLETED BETWEEN THE CLOSE OF THE  
2025 DEPARTMENT CONVENTION AND THE START OF THE 2026 DEPARTMENT  
CONVENTION.**

*More than one entry may be submitted by the Post and Unit*

*but must cover only a "single" project on each entry form.*

*Additional forms available at Department Headquarters*

(Please Type or Print)

Post & Unit Name \_\_\_\_\_ Post & Unit No. \_\_\_\_\_ District No \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ / \_\_\_\_\_

Post Commander & Unit President

Present Post Membership \_\_\_\_\_ Present Unit Membership \_\_\_\_\_

Total Post Members Participating in Project \_\_\_\_\_ Total Unit Members Participating in Project \_\_\_\_\_

A. Choose one project your Post and Unit supported together from the following activities:  
(If more than one project, please submit an alternate form)

- |                                  |                                       |                        |
|----------------------------------|---------------------------------------|------------------------|
| _____ Christmas Baskets          | _____ Memorial Day                    | _____ County Fairs     |
| _____ Independence Day           | _____ Veterans Day                    | _____ Halloween Safety |
| _____ Children's Christmas Party | _____ Flag Day                        | _____ Rodeos/Parades   |
| _____ Flag Presentations         | _____ Hospital/Veterans Home Programs | _____ Voting           |

\_\_\_\_\_ Other programs/activities

List \_\_\_\_\_

- B. Estimate the number of volunteer service hours provided by the membership of your Post and Unit for this project. \_\_\_\_\_ hours
- C. Please estimate the amount of money your Post and Unit expended on administrative expenses for this project. (Postage, printing, conference, travel.) \$ \_\_\_\_\_
- D. Publicity/Public Relations Yes \_\_\_\_\_ No \_\_\_\_\_ Please attach copy/copies.
- E. Community recognition for this project Yes \_\_\_\_\_ No \_\_\_\_\_ Please attach copy/copies.
- F. Please describe, in detail, a specific project/activity completed by your Post and Unit. (Attach extra sheets if necessary).

REMEMBER: This section of the narrative report is most important in determining this award:

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- G. What impact did this event have on your Post and community?

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- H. Why did your Post & Unit select this project?

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**The “Unity” Award will be presented to the “Winning Team” at the  
Department Convention Banquet.**

**Judged and presented by Department Commander & Department President**

**THE AMERICAN LEGION DEPARTMENT OF OREGON**  
**LEGION RIDER OF THE YEAR AWARD**  
**Number 26 – Legion Rider of the Year**

**Completed Form Due to Legion Department NLT May 1<sup>st</sup> Annually**  
Nomination Guidelines

The Legion Rider of the Year Award is an honor to recognize the Legion Rider who has made significant service contributions to the American Legion, veterans, and their community. Riders who are nominated are those who have gone above and beyond in the service of their nation, the American Legion, their post, their chapter, our veterans, and their community with their dedication. The nominee must be a member in good standing of an Oregon American Legion Post and an American Legion Riders chapter. Nominations will be evaluated on the scope and impact of a nominee's commitment and the extent to which her/his efforts benefit and provide inspiration to other Riders, Legionnaires, and veterans. This award will be presented at the annual Department of Oregon convention. Details of the Rider's contribution/s are to be attached in letter form.

**RIDER OF THE YEAR NOMINEE FORM**

Nominee Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Post Name \_\_\_\_\_ Post # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Nominator's Name \_\_\_\_\_

Post Name \_\_\_\_\_ Post # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

I have read the nomination guidelines and attest that the above information is accurate and true. If selected as the "American Legion Rider of the Year" I agree to attend the State Convention with the nominee to receive the award.

\_\_\_\_\_  
Nominee Signature

\_\_\_\_\_  
Nominator Signature

**All applications for the Rider of the Year whether through State ORALR found at the (Legion Riders website or Post trophies and awards) must be received by the Department ALR Committee NLT 1 May annually. Awards are presented during the annual June State Convention. Submissions to The America Legion Department of Oregon Office PO Box 1730, Wilsonville, OR 97070 or email to [adjutant@orlegion.org](mailto:adjutant@orlegion.org)**

**THE AMERICAN LEGION DEPARTMENT OF OREGON  
LEGION RIDER CHAPTER OF THE YEAR AWARD**

**Number 27 – Legion Rider of the Year**

**Completed Form Due to Legion Department NLT May 1, Annually**

**INSTRUCTIONS FOR AMERICAN LEGION RIDER  
CHAPTER OF THE YEAR AWARD**

**PURPOSE:** Per US Code Title 36, Chapter 217, Section 21702(5), the American Legion is to consecrate the efforts of its members to mutual helpfulness and service to their country. The primary purpose of this award is to recognize the American Legion Chapter that has done the most in furtherance of the Oregon Department of the American Legion's mission.

**RECOGNITION:** This award will be presented to the Chapter that has accomplished the most in the advancement of the American Legion. This honor is achievable by both small and large chapters by bestowing this award on a per capita basis. In the event of a tie, the Chapter with the most volunteer hours will be the winner. Small chapter = between 3 and 10 members; Large = 10 members and above.

**HOW TO FILL OUT THE FORM**

**1. VOLUNTEER POINTS: 1 Volunteer Hour = 2 Points**

This is a total amount of hours for all members of the American Legion Rider Chapter i.e. If 5 riders spend 1 hour providing a flag line for a veteran's funeral or in support of their post that would be 5 hours for 10 points).

**2. DONATION POINTS: \$100 Dollar = 5 Points (Rounding up to the nearest \$100)**

This is the total amount of money donated and donations in kind on behalf of the American Legion Rider Chapter (i.e., If American Legion Rider Chapter Y donated \$100 to the Legacy Fund, \$125 to a local charity, and donated \$205 in toys during a Christmas toy run that would be \$430 or 5 points).

**3. TOTAL NUMBER OF MILES TRAVELED: 100 Miles = 1 Point (Rounding up to the nearest (100) This is the total number of miles driven by the American Legion Rider Chapter i.e. If 5 riders ride 135 miles to drop off the Hot Potato, that would be a total of 675 miles for 7 points.)**

**4. POINT SUBTOTAL: Add lines 1, 2, and 3.**

**5. Per Capita Points: This is the total number of dues-paying Legion Rider members of the Chapter divided by line 4.**

Please Print or Type

Post Name \_\_\_\_\_ Post # \_\_\_\_\_

Number of Registered Members \_\_\_\_\_ Date \_\_\_\_\_

ALR Chapter name/title \_\_\_\_\_

1. Volunteer Points (1 Hour = 2 Points) \_\_\_\_\_

2. Donation Points (\$100 Dollar = 1 Point) \_\_\_\_\_

3. Number of Miles Traveled (100 Miles = 1 Point) \_\_\_\_\_

4. Point Subtotal \_\_\_\_\_

5. Per Capita Points (Divided Line 4 by the total number of dues-paying Legion Rider members of the Chapter). \_\_\_\_\_

6. New Programs/Projects started:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned attest the above is true and accurate to the best of their knowledge.

I have read the nomination submission statistics and attest the information is accurate and true. If selected as the "American Legion small or large chapter of the Year I agree to attend State Convention with the nominee to receive the award.

\_\_\_\_\_  
American Legion Rider Chapter Director

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

**All applications for the Chapter of the Year whether through State ORALR found at the (Legion Riders website or Post trophies and awards) must be received by the Department ALR committee NLT 15 May annually. Awards are presented during the annual June State Convention. Submissions to The America Legion Department of Oregon office PO Box 1730, Wilsonville, OR 97070 or email to [Adjutant@orlegion.org](mailto:Adjutant@orlegion.org)**

**The American Legion, Department of Oregon**  
**Law Enforcement Officer of the Year Award Guidelines**  
**2025-2026**

To: All Department of Oregon, American Legion Post Commanders, and  
Post Law and Order Committee Chairs

1. This memorandum supersedes all previous editions. This memorandum and the policies continued herein are effective after the selection of the Department Law Enforcement Officer of the Year winner.

2. **Scope:** Americans in recent years have been experiencing an unprecedented crime wave that has permeated all States and neighborhoods in our country, and crime is rapidly becoming America's foremost domestic problem. The Preamble of the Constitution of The American Legion includes as one of its objectives... "to maintain Law and Order". As concerned citizens and veterans, Legionnaires have always fostered a strong sense of law and order and have upheld the protection of American citizens and the American way of life. They have always held law enforcement agencies in the highest regard, and many Posts already recognize outstanding law enforcement officers of various jurisdictions who daily serve our communities and frequently lay their lives on the line.

3. **Purpose:** The purpose of this letter of instruction is to specify the guidelines, eligibility criteria, and application requirements for selection and presentation of the "Department Law Enforcement Officer of the Year Award." Our goal is to select a well-rounded Law Enforcement Officer who has exceeded, above and beyond, the duty requirements expected of their position and has demonstrated a distinct pattern of community service coupled with professional achievement, episodes of heroism will, of course, also be included where noted. A major secondary purpose of this award is to encourage the further development of Post Law and Order Committees in the department in recognition of law enforcement officers by Posts, Departments, and the National Headquarters of The American Legion. It is firmly believed that the establishment of this award will further serve to promote the public trust and support of our law enforcement agencies.

4. **Award Designation:** This award shall be known as "The American Legion Department Law Enforcement Officer of the Year Award" and it will be presented annually at the Department Convention or other suitable American Legion settings, as appropriate. All Posts are encouraged to participate in this worthwhile and prestigious award program. "The American Legion Department Law Enforcement Officer of the Year Award" will include paid travel and hotel expenses and reasonable expenses for round trip travel for the winner and spouse to the Department Convention City; presentation of "The American Legion Department Law Enforcement Officer of the Year Award" and a letter of commendation signed by the Department Commander.

**5. Guidelines for Posts:**

- a. All Posts are urged to select a Post Law Enforcement Officer of the Year before the convention and submit its Post winner as its nominee for this award. Posts should

submit their nominee's application to The American Legion, Attn: National Security Commission Chair, PO Box 1730, Wilsonville, OR 97070. It is desired that Post select and submit their nominee so that postmarked applications are received not later than December 31, 2024, in order to allow adequate judging and notification time prior to the Department's January D.E.C Meeting.

b. The inclusive dates for this award cover the calendar year January 1 through December 31, 2024, and until the following January 1 deadline for submission to the Department of National Security Commission. For example, the National Law Enforcement Officer of the Year winner selected for their service for the calendar year of 2024 will be recognized at the 2025 Department Convention.

c. Posts may submit only one nominee per year and their nominee must have been the previous year's Post-award winner. Once a nominee has been entered in "The American Legion National Law Enforcement of the Year Award" for the National competition he or she will not be allowed to be submitted for another year.

d. The resume and application for the nominee from each Post must conform to the National criteria for judging as contained herein. The eligibility and criteria stated in this letter will be used to select the Department of Law Enforcement Officer of the Year.

**6. Eligibility Criteria:** To be eligible for consideration, Department nominees must meet the following criteria:

a. Be a citizen of the United States.

b. Be a living, active, full-time, and paid, sworn law enforcement officer entrusted with full authority and the powers of arrest.

c. Consideration for a posthumous award will be acceptable only if the nominee's death has occurred after the department's selection and within the dates for which the award is being presented.

d. Be assigned to, or fully recognized by, Municipal (City), County, District, or State Police (e.g., University Police, etc.) or Highway Patrol, Sheriff's office, or as a sworn federal law enforcement officer (e.g., FBI or Secret Service Agent, United States Federal Marshal, National Park Police, Capitol Police, etc.)

e. Be selected as the Post Law Enforcement Officer of the Year.

f. Post-nominee are not required to be veterans or members of The American Legion.

g. Reside and be assigned or attached for duty in the department from which they are selected.

h. Federal agents serving in overseas departments may be nominated by the overseas department.

i. Nominees selected for this award should be available to receive this award at The American Legion Department Convention.

- J. Military police officers or investigators are eligible for participation in this award provided they are state law enforcement certified.

**7. Department Application Packets:** Only one copy of the Department application packet needs to be submitted to the Post Security- Foreign Relations Commission. Department application packets for their nominee should include:

- (1) A completed application form,
- (2) A 5" x 7" photograph of the nominee, and
- (3) A maximum of 18 one-sided pages 8 1/2" x 11" bond paper of service documentation.

The first six or seven pages should contain the individual's service narrative. The additional pages may include supporting citations and other documentation to include press articles. Only one (1) copy of the application package needs to be submitted. The following documentation should be included:

- a. Application form - Complete the attached application form and use it as the cover page of the application. This cover page shall not count as part of the maximum 18 pages of service documentation.

- b. 5" x 7" official photograph of the nominee.

- c. Service narrative and supporting documentation. The goal of the Department Law and Order Committee is to select a well-rounded law enforcement officer who has exceeded, above and beyond, the duty requirements of their position exemplify the virtues of professionalism and dedication and has demonstrated a distinct pattern of community service to their community, State or Nation; and also, have proven their personal dedication to societal security and protection. The law enforcement officer must be recommended by their Commanding Officer or Supervisor for this award. The Commanding Officer or Supervisor should also state that the Law Enforcement Officer, if selected for this award, will be available for its presentation at the State/National Convention. Specific acts of community service, heroism, and meritorious performance recognized by their law enforcement agency should be included and documented. To assist Departments in their selections, judging guidelines at the state level will be based on the following criteria, and maximum percentage points will be allocated as follows:

I	Community Service .....	35 points
II	Professional Career.....	40 points
III	Heroism .....	20 points
IV	Letters of Recognition, news clippings, and other substantiating documentation .....	5 points

- d. **Community Service:** Outstanding service to the community, state or nation by the officer, in both on-duty and off-duty activities, should be explained for the past year and may include previous years. Cite, for example, awards and/or supporting letters from city or county commissioners, letters from state officials, and letters from The American

Legion Posts, or from citizens attesting to and commending the officer for their community service contributions.

*Remember, one of the major aims of the award program is to select a well-rounded law enforcement officer who has demonstrated a distinct pattern of community service, above and beyond assigned duty requirements.*

e. Citations for community service, heroism, and meritorious performance of duty should be explained for the past year and may include previous years. Include citations and any supporting letters from the officer's chain of command as well as other documentation from city, county, state authorities, and American Legion officials, citizens, or civic groups as further evidence of community service, and heroic and meritorious performance of duty by the officer.

f. Include a copy of your nominee's State or Federal certification as a law enforcement officer as well as copies of pertinent training and education certificates as appropriate.

g. The Department which submits the winning nominee will be notified by the Department National Security Commission as expeditiously as possible.

h. Remember to let your nominee know what "The American Legion National Law Enforcement Officer of the Year Award" is and receive assurance from the officer's chain of command that if your nominee is selected as the winner, they will be available for the award presentation at the Department Convention and possibly the National Convention. If the winning officer is a uniformed officer, then they will be requested to appear in their full uniform at the National Convention at the time of presentation. Non- uniformed winners would be expected to appear in appropriate business attire.

Department Judging: Judges will be selected by the Chairman of the Law-and-Order Commission from members of the Law and Order and the National Security Commission. Each judge shall represent their region (Departments assigned to each National Vice Commander) and will select a regional winner from regions other than their own. Regional winners will be selected at the Washington conference, and the National Winner will be selected from region winners during the Spring meeting of the National Executive Committee. Alternates-at-large judges may also be selected by the Chairman of the Law-and-Order Committee in the event of absences of any judges.

In the event the National Winner is unable to be present to receive their award at the National Convention, The American Legion National Law Enforcement Officer of the Year Award will be accepted by the winner's American Legion Department Commander at the National Convention on behalf of the winner for presentation at an appropriate Department ceremony

National Regional awards: All Regional Winners/National runners-up of this award will be presented with plaques and letters of commendation. After the National Competition is held, these plaques will be sent to each Department for presentation to their Regional Winner/National Runner-up in an appropriate setting. A copy of the letters of commendation will be provided to each Department Adjutant.

8. Your comments on how the program can be improved, streamlined, or modified are solicited. Any questions on this award program should be sent to the undersigned in the care of:

**The American Legion Department of Oregon**  
**National Security Commission Chair PO Box 1730**  
**Wilsonville, Oregon 97070-1730**

All efforts will be expended to assure fairness and impartiality to all Posts and their Nominees. The hope of this Commission is that all Posts will participate in this program and that in those cases where law enforcement agencies that cover the area which includes two (2) or more American Legion Posts the Post's Law Enforcement Officer of the Year committees will join together for one joint nomination.

Greg Marvin, Chair  
National Security  
Commission PO Box 151  
Moro, OR 97039  
[Marvin\\_us@yahoo.com](mailto:Marvin_us@yahoo.com)  
Phone: 541-980-9160

Enclosure: Application Forms

**Your due date is December 31, 2025**

**LAW OFFICER OF YEAR**

*Point Sheet*

NAME.....POST.....DATE .....

POINTS AVAILABLE	SUBJECT	POINTS AWARDED
35	Community Service	_____
40	Professional Career	_____
20	Heroism	_____
5	Letters of Recognition, news clippings, and other Substantiating documentation	_____
		<b>TOTAL=====</b>

Other Criteria:

- \_\_\_\_\_ Be a citizen of the United States.
- \_\_\_\_\_ Be a living, active, full-time, and paid, sworn law enforcement officer entrusted with full authority and the powers of arrest.
- \_\_\_\_\_ Consideration for a posthumous award will be accepted only if the  
The nominee's death occurred after the department's selection and within the dates for which the award is being presented.
- \_\_\_\_\_ Be assigned to, or fully recognized by, Municipal (City), County, District or State Police (e.g., University Police, etc.) or Highway Patrol, Sheriff's office, or as a sworn federal law enforcement officer (e.g., FBA or Secret Service Agent, United States Federal Marshal, National Park Police, etc.)
- \_\_\_\_\_ Reside and be assigned or attached for duty in the Department from which they are selected.
- \_\_\_\_\_ 5" x 7" official photograph of the nominee

\_\_\_\_\_ The law enforcement officer must be recommended by his / her Commanding  
Officer or Supervisor

Note: This should not exceed 18 pages and the individual should be available to attend  
National Convention if selected.

The American Legion  
Law Enforcement Officer of the Year Application Form

Date \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

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

Agency Name \_\_\_\_\_

Agency Director \_\_\_\_\_ Title \_\_\_\_\_

Nominee's Supervisor \_\_\_\_\_ Title \_\_\_\_\_

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

City and State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Post/District Submitting Nomination \_\_\_\_\_

National Security Commission Chair \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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Post/District Commander Signature

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Post/ District Adjutant Signature

Submit one copy of your application packet and it should conform to the instructions contained in the Security-Foreign Relations Memorandum.

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.

Remember to include an official photograph of the nominee.

Mail completed application to The American Legion, Department of Oregon P.O. Box I 730 Wilsonville, Oregon 97070. ATTN: National Security Commission Chair.

## The American Legion, Department of Oregon Firefighter of the Year Award

### Guidelines 2025-2026

**To: All Department of Oregon, American Legion Post Commanders, and Post Law and Order Committee Chairs.**

1. This memorandum supersedes all previous editions. This memorandum and the policies continued herein are effective after the selection of the National Firefighter of the Year winner.
2. **Scope:** The Preamble of the Constitution of The American Legion includes as one of its objectives - "service to the community, state, and nation". As concerned citizens and veterans, Legionnaires have always fostered a strong sense to uphold the protection of American citizens and the American way of life. They have always held firefighting agencies in the highest regard, and many Posts already recognize outstanding firefighters of various jurisdictions who daily serve our communities and frequently lay their lives on the line.
3. **Purpose:** The purpose of this letter of instruction is to specify the guidelines, eligibility criteria, and application requirements for the selection of the Department Firefighter who has exceeded, above and beyond, the duty requirements expected of their position and has demonstrated a distinct pattern of community service coupled with professional achievement. Episodes of heroism will, of course, also be included where noted. A major secondary purpose of this award is to encourage the further development of Post National Security Committees in the recognition of firefighters by the Posts, Districts, and Department Headquarters of The American Legion. It is firmly believed that the establishment of this award will further serve to promote public trust and support firefighting agencies.
4. **Award Designation:** This award shall be known as the "The American Legion, Department of Oregon Firefighter of the Year Award" and will be presented annually at the Department Convention. All Posts are encouraged to participate in this very worthwhile and prestigious award program.  
The American Legion Department Firefighter of the Year Award will include paid travel and hotel expenses for round-trip travel to the Department Convention city for the presentation of The Award. A "Letter of Commendation" signed by the Department Commander, coverage in The Oregon Legionnaire, and other media will be included.
5. **Guidelines for Post:**  
All Posts are urged to select a Post Firefighter of the Year during the month of December or the first week of January. The post should submit one (1) copy of their nominee's application to The American Legion, Department of Oregon, Attn.: Department National Security-Foreign Relations Commission, PO Box 1730, Wilsonville, Oregon 97070-1730. It is desired that Post select and submit their nominee so that postmarked applications are received no later than December 31, 2025, in order to allow adequate judging and notification time prior to the Department January Department Executive Committee Meeting.
  - (b) The inclusive dates for this award shall cover from January 1 to December 31, 2025, year.

- (c) Post may submit only one nominee.
  - (d) The Resume and application for the nominee from each Post must conform to the Department criteria for judging as contained herein. The eligibility and criteria stated in this memorandum will be used to select the Department Firefighter of The Year Nominee.
6. Eligibility Criteria: To be eligible for consideration Post nominee must meet the following criteria:
- (a) Be a citizen of the United States.
  - (b) Be a living, active, full-time, or volunteer Firefighter entrusted with full authority.
  - (c) Consideration for a posthumous award will be acceptable only if the nominee's death has occurred after the Department's selection and within the dates for which the award is being presented.
  - (d) The nominee must be assigned to a fully recognized, Municipal (City), Fire District, Rural Fire Protection District, or County Fire Department and be a sworn Firefighter.
  - (e) Be selected as the Post Firefighter of the Year.
  - (t) Post-nominee is not required to be veterans or members of The American Legion.
  - (g) Reside in and be assigned or attached for duty in the District from which they are selected.
  - (h) Nominee selected for this award will be available to receive this award at The American Legion Department Convention.
7. **Post Application Packets:** Post application packets for their nominee should include:
- (1) a completed application form,
  - (2) a 5" X 7" official photograph of the nominee, and
  - (3) not to exceed a total of 10 pages of services documentation.

The first pages will be one-sided 8-1/2 X 11-1/2 bond paper and include the pages of the individual's service narrative. The second set of pages may be two-sided and include supporting citations and other documentation to include press articles. Include a copy of your nominee's State or Federal Certification as a firefighter as well as copies of pertinent training and education certification as appropriate. Complete the attached application form and use it as the cover page of the application.

- (a) The goal of the Department National Security/Foreign Relations and Homeland Security Committee is to select a well-rounded Firefighter who has exceeded, above and beyond, the duty requirements of their position and who exemplifies the virtues of professionalism and dedication and has demonstrated a distinct pattern of community service

to their personal dedication to societal security and protection. **The firefighter must be recommended by their Fire Chief or Supervisor for this award. The Fire Chief or Supervisor should also state that the firefighter, if selected for this award will be available for its presentation at Department Convention.** Specific acts of community service, heroism, and meritorious performances recognized by their firefighting agency should be included and documented. To assist Posts in their selections, judging guidelines at the Department level will be based on the following criteria, and maximum percentage points will be allocated as follows:

- I. Community Service .....35 points
- II. Professional Career.....40 points
- III. Heroism ..... 20 points
- IV. Letters of Recognition, news clippings, and other substantiating documentation ..... 5 points

(b) Community Service: Outstanding services to the Community, State, and Nation by the firefighter, in both on-duty and off-duty activities, should be explained for the past year and may include previous years. Cite, for example, previous and/or supporting letters from City or County Commissioners, letters from State officials, letters from The American Legion Posts, or from citizens attesting to and commending the officer for their community service contributions. **Remember, one of the major aims of the award program is to select a well-rounded firefighter who has demonstrated a distinct pattern of community service above and beyond assigned duty requirements.**

(c) Citations for community service, heroism, and meritorious performance of duty should be explained for the past year and may include previous years. Include citations and any supporting letters from the firefighter's chain of command as well as other documentation from City and County authorities and American Legion officials, citizens, or civic groups as further evidence of community service, heroic, and meritorious performance of duty by the firefighter.

(d) The Post which submits the winning nominee will be notified by the Department of National Security Commission as expeditiously as possible.

(e) Remember to let your nominee know what The American Legion Department Firefighter of the Year is and receive assurance from the office r's chain of command that if your nominee is selected as the winner, they will be available for the award presentation at the Department Convention. If the winning Firefighter is a uniformed Firefighter, then they will be requested to appear in their full uniform at the Department Convention at the time of presentation. Non-uniformed winners would be expected to appear in appropriate business attire.

8. **Department Judging:** Judges will be members as indicated in the National Security Commission Code of Procedure. This will include five members of the Department NS/FR&HS Commission plus the Department Commander or Department Vice-Commander and the Department Adjutant or a minimum of five (5) of the above. Alternates-at-large may be selected by the chairman of the National Security Commission in the event of the absence of any judges. Alternates selected must be an officer of the Department Executive Committee. **In the event the Department winner is unable to be present to receive their award at the Department Convention, The American Legion**

**Department Firefighter of the Year Award will be accepted by the winner's American Legion District Commander at the Department Convention on behalf of the winner for presentation at an appropriate ceremony.**

9. Comments and/or questions on this program at the Post and Department level are solicited and should be sent to:

**The American Legion Department of Oregon**

**National Security Commission Chair**

**PO Box 1730**

**Wilsonville, Oregon 97070-1730**

All efforts will be expended to assure fairness and impartiality to all Posts and the Nominees. The hope of this Commission is that all Posts will participate in this program and that in those cases where firefighting agencies that cover the area which includes two (2) or more American Legion Post the Post's Firefighter of the Year committees will join together for one joint nomination.

Greg Marvin, Chair  
National Security Commission  
PO Box 151

Moro, OR 97039  
[gmarvin\\_us@yahoo.com](mailto:gmarvin_us@yahoo.com)

Phone: 541-980-9160

Enclosures: Application Forms

**Your due date is December 31, 2025**

**FIREFIGHTER OF THE YEAR  
Point Sheet**

NAME.....POST.....

POINTS AVAILABL E	SUBJECT	POINTS AWARDED
35	Community Service	_____
40	Professional Career	_____
20	Heroism	_____
5	Letters of Recognition, news clippings, and other Substantiating documentation	_____
	TOTAL	_____

Other Criteria:

- \_\_\_\_\_ Be a citizen of the United States.
- \_\_\_\_\_ Be a certified, living, active, full-time, paid, or volunteer firefighter
- \_\_\_\_\_ Consideration for a posthumous award will be accepted only if the  
The nominee's death occurred after the department's selection and within the  
dates for which the award is being presented.
- \_\_\_\_\_ Be assigned to, or fully recognized by, Municipal (City), County, District,  
State, or Federal firefighter officer
- \_\_\_\_\_ Reside and be assigned or attached for duty in the Department from which they  
are selected.
- \_\_\_\_\_ 5" x 7" official photograph of the nominee
- \_\_\_\_\_ The Firefighter officer must be recommended by his/her Commanding  
Officer or Supervisor

Note: This should not exceed 18 pages and the individual available to attend National Convention if selected.

**The American Legion  
Firefighter Officer of the Year  
Application Form**

Date \_\_\_\_\_

Name \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_ Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Length of Service as Firefighter Officer \_\_\_\_\_

Agency Name \_\_\_\_\_

Agency Director \_\_\_\_\_ Title \_\_\_\_\_

Nominee's Supervisor \_\_\_\_\_ Title \_\_\_\_\_

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

City and State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Post/District Submitting Nomination \_\_\_\_\_

National Security Commission Chair \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Post/District Commander Signature

\_\_\_\_\_  
Post/District Adjutant Signature

Submit one copy of your application packet and it should conform to the instructions contained in the Security-Foreign Relations Memorandum.

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.

Remember to include an official photograph of the nominee.

Mail completed application to The American Legion, Department of Oregon P.O. Box 1730 Wilsonville, Oregon 97070. ATTN: National Security Commission Chair.

**Your due date is December 31, 2025**

# TROPHY AND AWARDS QUESTIONNAIRE

**DO NOT SEND IN BLANK QUESTIONNAIRES**

**Please pay attention to the DUE dates on each and every questionnaire - they are all different.**

**If you do not submit your questionnaires on time they will not be able to be judged.**

- **Due back to the Department on or before May 17<sup>th</sup>**

SAL Dual Member of the Year

SAL Member of the Year

SAL Adjutant of the Year

SAL Chaplain of the Year

- **Due back to the Department on or before May 17<sup>th</sup>**

Americanism

Child Welfare Fund

Children & Youth

Community Service

VA&R

## **LIST OF QUESTIONNAIRES**

- 30. SAL DUAL MEMBER OF THE YEAR**
- 31. SAL MEMBER OF THE YEAR**
- 32. SAL ADJUTANT OF THE YEAR**
- 33. SAL CHAPLAIN OF THE YEAR**
- 34. SAL AMERICANISM**
- 35. SAL CHILD WELL BEING FUND**
- 36. SAL CHILDREN & YOUTH**
- 37. SAL COMMUNITY SERVICE**
- 38. SAL VA&R**

If you have any questions, please contact Jerry  
Patton Detachment Commander at

541-409-5755 or

e-mail [jpatton001@centurytel.net](mailto:jpatton001@centurytel.net)

**OR** call the Department Office at 503-685-5006







**SON'S OF THE AMERICAN LEGION ADJUTANT OF THE YEAR**

**NUMBER 32 – “SAL ADJUTANT OF THE YEAR”**

**Completed Form Due to The American Legion Department May 17th Annually**

**Department of Oregon**

**PO Box 1730**

**Wilsonville, OR 97070**

Please Print or Type

Squadron Name \_\_\_\_\_ Sqdn No. \_\_\_\_\_

Number of members in Squadron \_\_\_\_\_ Date \_\_\_\_\_

**NAME** \_\_\_\_\_

This traveling trophy will be presented annually at the Detachment Convention. The recipient of the award will be determined by the Detachment Headquarters Staff. When reviewing the work done by the Adjutant, the size of the Squadron and the area involved will be taken into consideration. A certificate will be presented to the Home Squadron of the recipient Adjutant for the year of the award. At the time of the award presentation, a personal plaque will be presented to the winning Adjutant.

**FILL IN THE FOLLOWING INFORMATION**

1. Is the Squadron Adjutant salaried? Yes \_\_\_\_\_ No \_\_\_\_\_

2. The Adjutant has served since the Installation of Officers in **2025**?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain:

3. The Adjutant attends the following:
- a. Squadron meetings      Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. District meetings      Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. Detachment Conventions      Yes \_\_\_\_\_ No \_\_\_\_\_
4. When unable to attend Squadron meetings, the Adjutant makes available to his/her replacement or the Squadron Commander, the previous Squadron meeting minutes and all necessary correspondence, old and new business to be brought up.
- Yes \_\_\_\_\_ No \_\_\_\_\_
5. Upon receiving a member's dues (new or renewal) the Adjutant will promptly mail the membership card and free insurance form (when applicable) to the member.
- Yes \_\_\_\_\_ No \_\_\_\_\_
6. Promptly submits to Detachment, correctly processed membership cards.
- Yes \_\_\_\_\_ No \_\_\_\_\_
7. Write a statement in your own words explaining why you believe your Squadron Adjutant is Oregon's best Squadron Adjutant. Include significant achievements made by the nominee while performing the duties of Squadron Adjutant; also list his/her Legion activities other than the duties of an Adjutant. List civic or other activities other than The American Legion.

Commander \_\_\_\_\_

Signature

Other Officer \_\_\_\_\_

Signature

**Judged and presented by Detachment Adjutant**



**SON'S OF THE AMERICAN LEGION CHAPLAIN OF THE YEAR**

**NUMBER 33 – SAL CHAPLAIN OF THE YEAR**

**“OUTSTANDING SQUADRON CHAPLAIN”**

**Completed Form Due to The American Legion Department May 17th Annually**

**Department of Oregon**

**PO Box 1730**

**Wilsonville, OR 97070**

Please Print or Type

Squadron Name \_\_\_\_\_

Squadron No. \_\_\_\_\_

Number of members in the Squadron \_\_\_\_\_

Date \_\_\_\_\_

**Name of SAL Chaplain** \_\_\_\_\_

The annual award and trophy will be presented at the Detachment Convention, as determined by the Detachment Chaplain.

1. A number of Squadron Internal Activities such as Memorials, Funerals, and Squadron Special Services are hosted by the Squadron Chaplain. Please give details below:

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2. A number of Direct Services are provided in the aid of Veterans and Family Members such as Veteran's Activities and Seminars, Direct Personal Assistance, Employment Referrals, and Financial Assistance. Please give details below.

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3. Did the Chaplain conduct a special service for the Four Chaplains? Yes \_\_\_ No \_\_\_

**Please submit a written statement of 500 words or less. The narrative should include the accomplishments of the Squadron Chaplain.**

Commander \_\_\_\_\_

Signature

Adjutant \_\_\_\_\_

Signature

**Judged and presented by Detachment Chaplain**



**SON'S OF THE AMERICAN LEGION AMERICANISM AWARD**

**Number 34 – AMERICANISM**

**Completed Form Due to The American Legion Department May 17, Annually**

**Department of Oregon  
PO Box 1730  
Wilsonville, OR 97070**

**ELIGIBILITY:** To be awarded to the Squadron with the most outstanding effort in promoting Americanism

Squadron name and number: \_\_\_\_\_

Squadron Commander: \_\_\_\_\_

**Boys State** No. of Boys Sponsored (9) \_\_\_\_\_ Cost (10) \$ \_\_\_\_\_

**Education** No. of 5 Star/10 Ideals Program (13) \_\_\_\_\_ Cost (14) \$ \_\_\_\_\_

No. of Flags Presented (15) \_\_\_\_\_ Cost (16) \$ \_\_\_\_\_

No. of Small Flags Placed on Graves/Given Away at Parades (17) \_\_\_\_\_ Cost (18) \$ \_\_\_\_\_  
Hours (19) \_\_\_\_\_

Cost of Scholarships Awarded (20) \$ \_\_\_\_\_ No. of Hours for Educational Programs (21) \_\_\_\_\_

**Oratorical Contest** Squadron Sponsored Contest (22) \_\_\_\_\_ No. of Contestants (23) \_\_\_\_\_  
Cost of Contest (24) \$ \_\_\_\_\_

Hours of Participation (25) \_\_\_\_\_ **Color Guards**, Squadron Sponsors (26) \_\_\_\_\_

No. of Appearances (27) \_\_\_\_\_ Cost (28) \$ \_\_\_\_\_

**NEF**, Donations (29) \$ \_\_\_\_\_ **Flag Education**, No. of Flag etiquette programs (30) \_\_\_\_\_  
Cost (31) \$ \_\_\_\_\_ Hours (32) \_\_\_\_\_

No. of Flag Retirement Programs (33) \_\_\_\_\_ Hours (34) \_\_\_\_\_ **Community Service Hours** (35) \_\_\_\_\_

Cost/Donation to Other Organizations (36) \$ \_\_\_\_\_ **Scouting**, Squadron Sponsors Troop (37) \_\_\_\_\_  
No. of Youths Involved (38) \_\_\_\_\_

Cost (39) \$ \_\_\_\_\_ **Junior Shooting Sports**, No. of Youth (40) \_\_\_\_\_ No. of Hours (41) \_\_\_\_\_

Cost of Sponsorship (42) \$ \_\_\_\_\_ **Baseball**, TAL Baseball Teams Sponsored (43) \_\_\_\_\_  
Cost (44) \$ \_\_\_\_\_

Other Teams Sponsored, Cost (45) \$ \_\_\_\_\_

Include a description of activities accomplished for the nomination.





**SON'S OF THE AMERICAN LEGION CHILDREN & YOUTH AWARD**

**Number 36 – CHILDREN & YOUTH**

**Completed Form Due to The American Legion Department May 17th, Annually**

**Department of Oregon  
PO Box 1730  
Wilsonville, OR 97070**

**ELIGIBILITY:** To be awarded to the Squadron with the most outstanding effort in promoting Children & Youth.

Squadron name and number: \_\_\_\_\_

Squadron Commander: \_\_\_\_\_

**Child Well Being Foundation** Donations \$ \_\_\_\_\_ Hours \_\_\_\_\_

**Special Olympics** Donations \$ \_\_\_\_\_ Hours \_\_\_\_\_

**Children's Miracle Network** Donations \$ \_\_\_\_\_ Hours \_\_\_\_\_

**Spinoza Bears**, No. Given \_\_\_\_\_ Cost \$ \_\_\_\_\_

**Other Children & Youth Programs**, Donations \$ \_\_\_\_\_ Hours \_\_\_\_\_

Describe activities completed to gather contributions to the "Child Welfare Foundations":

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**SON'S OF THE AMERICAN LEGION VA&R AWARD**

**Number 38 – VA&R**

**Completed Form Due to The American Legion Department May 15, Annually**

**Department of Oregon  
PO Box 1730  
Wilsonville, OR 97070**

**ELIGIBILITY:** To be awarded to the Squadron with the most outstanding effort in helping our veterans.

Squadron name and number: \_\_\_\_\_

Squadron Commander: \_\_\_\_\_

**Veterans Homes**

Number of Visits \_\_\_\_\_ Total Hours \_\_\_\_\_ Cash Donations, \$ \_\_\_\_\_

**VA Medical Centers**

Number of Visits \_\_\_\_\_ Total Hours \_\_\_\_\_ Items Donated, Estimated Value \$ \_\_\_\_\_

Field Service Hours \_\_\_\_\_ Home Service Hours \_\_\_\_\_ Fisher House Hours \_\_\_\_\_  
Cost \$ \_\_\_\_\_

Support for the Troops Hours \_\_\_\_\_ Cost \$ \_\_\_\_\_

Family Support Network Hours \_\_\_\_\_ Cost \$ \_\_\_\_\_

Other VA&R Projects Hours \_\_\_\_\_ Cost \$ \_\_\_\_\_

**National Veteran's Assistance Day**

Number of Veterans helped \_\_\_\_\_ Number of hours \_\_\_\_\_ Cost \$ \_\_\_\_\_

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