

ERIE COUNTY LEGIONNAIRE OF THE YEAR GUIDELINES FOR 2018

1. All candidates' resumes will be judged on attendance at Post meetings, Post functions, and hours spent working in and for the Post. Dedication, Leadership, Service to the Post, Fellow Veterans and the Community are important considerations.

A concise, complete resume should be prepared, as the judges must make their choice strictly on the merit of the resume. *The Name, Gender, Post Name, and Post Number and Community of the candidate **MUST be omitted** from the resume. **ANY** activities or elected office above Post Commander must **NOT** appear on the resume.*

PLEASE CHECK FOR PRONOUNS. DO NOT USE PRONOUNS THAT IDENTIFY GENDER.

CANDIDTES HOLDING ELECTED OFFICES ON THE DEPARTMENT OR DISTRICT LEVEL ARE NOT ELIGIBLE WHILE SILL IN OFFICCE!

RESUMES THAT DO NOT CONFORM TO ABOVE RULES WILL NOT BE JUDGED

ONCE A LEGIONNAIRE IS SELECTED COUNTY "LEGIONNAIRE OF THE YEAR," SHE/HE CANNOT BE SUBMITTED AS A CANDIDATE AGAIN.

2. Posts are to submit the resume of their candidate to Kathleen A. Garvey, Erie County Legionnaire of the Year Chairman along with a Legionnaire of the Year Cover Form ("Cover Form") that will identify the candidate, her/his address, her/his Post name, Post Number, and Cap Size. The Cover Form should be placed in a plain white sealed envelope and attached to the resume.
3. Mail the resume and cover letter to the address below. The resume and cover letter must be received by **April 9, 2018.**

KATHLEEN A. GARVEY
5792 MAIN STREET
WILLIAMSVILLE, NY 14221

4. The "Erie County Legionnaire of the Year" is **not** awarded posthumously except when death occurs after a candidate's name has been entered in the contest.
5. The winner will be announced at the Annual County Convention, June 2018.
6. Any questions contact Kathleen A. Garvey at 716-907-8984. During business hours: 716-635-5029.

LEGIONNAIRE OF THE YEAR – COVER FORM

Post Legionnaire of the Year Chairman must complete this form and mail it to County Legionnaire of the Year Chairman in a sealed envelope attached to your candidate's resume.

COUNTY COMMANDER: PLEASE MAKE COPIES OF THIS FORM AND DISTRIBUTE TO POSTS IN YOUR COUNTY

NAME: _____

ADDRESS: _____

CITY/TOWN/ZIP: _____

POST NAME: _____ POST # _____

CAP SIZE _____

CHAIRMAN

ATTESTED: _____

COMMANDER

ADJUTANT