SONS OF THE AMERICAN LEGION DETACHMENT OF CALIFORNIA
SON OF THE YEAR
AWARD NOMINATION FORM

(THIS AWARD IS FOR MEMBERS OVER THE AGE OF 21 YEARS OLD)

(full name) | (membership id number) | (date of birth)

(address) | (city) | (state) | (zip+4)

(telephone number) | (squadron number) | (squadron name) | (continuous years)

(name of person or squadron making nomination) | (telephone number) | (e-mail address)

PLEASE COMPLETE ALL QUESTIONS IN ALL CATAGORIES

(money donations are not a requirement for consideration, this section simply illustrates past and present program participation)

YES ☐ NO ☐ Boys State	Hours Donated	Money Donated	
YES ☐ NO ☐ Legion Baseball	Hours Donated	Money Donated	
YES ☐ NO ☐ Scouting	Hours Donated	Money Donated	
YES ☐ NO ☐ Oratorical Contest	Hours Donated	Money Donated	
YES ☐ NO ☐ Squadron Participation	Hours Donated	Money Donated	
YES ☐ NO ☐ Five Star	Hours to Complete	Date Certified	
YES ☐ NO ☐ Ten Ideals	Hours to Complete	Date Certified	
YES ☐ NO ☐ Community Service	Hours Donated	Money Donated	
YES ☐ NO ☐ Junior Shooting Sports	Hours Donated	Money Donated	
YES ☐ NO ☐ Color Guard	Hours Donated	Number of Events	
YES ☐ NO ☐ Flag Education	Hours Donated	Flags Donated	
YES ☐ NO ☐ Child Welfare Foundation	Hours Donated	Money Donated	
YES ☐ NO ☐ Special Olympics	Hours Donated	Money Donated	
YES ☐ NO ☐ Children's Miracle Network	Hours Donated	Money Donated	
YES ☐ NO ☐ VA Hospital - Hours	Hours Donated	Money Donated	
YES ☐ NO ☐ No. of visits to VA or State Home	VA Med Center	State Vets Home	
YES ☐ NO ☐ State Veterans Home	Hours Donated	Money Donated	
YES ☐ NO ☐ Field/Home Service	Hours Donated	Money Donated	

Please provide a brief history of this nominee.

CERTIFICATION:

Squadron / Post Commander | Date

Squadron / Post Adjutant | Date

Squadron Advisor | Datr