Recommendation for the
MEDAL OF VALOR OR COURAGE AWARD

The **Medal of Valor** is a special award for any Royal Ranger or leader who has saved a life at the risk of their own.

The **Medal of Courage** is a special award for a Royal Ranger or leader who has saved a life at no risk of their own.

Both of these medals require that the act of saving a life be done outside of a professional occupation which may require such action as part of their job. This would mean that doctors, firefighters, EMT's etc. are not eligible for either of these awards while on duty. If they perform an act outside of their profession or while off duty they may be considered for one of these medals.

Please fill out all parts of this recommendation. (Please type or print.) Attach any documentation you may have concerning the event. Newspaper articles and statements signed by doctors, firefighters, etc. are helpful in determining which medal will be awarded. The National Royal Rangers Office must approve all medals before they are awarded.

This person is being recommended for the ❏ Medal of Valor ❏ Medal of Courage

1. **Person being recommended.**

   Name_____ Phone Number (   ) _____

   Address _____

   City_____ State_____ Zip_____

   Date of Birth_____ Section_____ Outpost Number _____

2. **Church where above person attends. This medal will be charged to the Church's GPH Account.**

   Church _____ Church Account #_____

   Street Address _____ Purchase Order #_____

   City_____ State_____ Zip_____ Phone Number (   ) _____

3. **Name and mailing address of person whose life was saved.**

   Name_____ Phone Number (   ) _____

   Address _____ City_____ State_____ Zip_____

4. **How was the individual's life endangered?**

   _____

   _____

5. **How was He/She rescued? Give as many details as possible. Attached sheets as needed.**

   _____

   _____

   _____

6. **In what way did the applicant risk his life?**

   _____

   _____

   _____

7. **Individual making the recommendation and completing this form.**

Name_____ Phone Number (   ) _____

Address _____ City_____ State_____ Zip_____

8. This form must be approved by the District Commander. The medal will then be sent to that office.

District Approval _____ Date_____
                                 Signature of District Commander