## Recommendation for the Medal of Valor or Courage Award

The Medal of Valor is a special award for any Royal Ranger who has saved a life at the risk of their own. The Medal of Courage is a special award for a Royal Ranger 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. NOTE: Person being recognized must have been involved with Royal Rangers at the time of the incident. Please fill out all parts of this recommendation. 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 recommeded for the  $\ \square$  Medal of Valor  $\ \square$  Medal of Courage. PERSON BEING RECOMMENDED. City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Section \_\_\_\_\_ Outpost Number \_\_\_\_ Check one: Leader \_\_\_\_ Boy \_\_\_\_ CHURCH WHERE ABOVE PERSON ATTENDS. THE MEDAL WILL BE CHARGED TO THE CHURCH'S GPH ACCOUNT. Church \_\_\_\_\_ Church Account # \_\_\_\_\_ Street Address \_\_\_\_\_ Purchase Order # \_\_\_\_\_ \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Phone Number ( \_\_\_\_) \_\_\_\_ NAME AND MAILING ADDRESS OF PERSON WHOSE LIFE WAS SAVED. City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ HOW WAS THE INDIVIDUAL'S LIFE ENDANGERED? HOW WAS HE/SHE RESCUED? GIVE AS MANY DETAILS AS POSSIBLE. ATTACH SHEETS AS NEEDED. IN WHAT WAY DID THE APPLICANT RISK HIS LIFE? INDIVIDUAL MAKING THE RECOMMENDATION AND COMPLETING THIS FORM. Name \_\_\_\_\_\_Address \_\_\_\_\_ \_\_\_\_\_State \_\_\_\_\_Zip \_\_\_\_\_\_Position\_\_\_\_\_ THIS FORM MUST BE APPROVED BY THE DISTRICT COMMANDER. THIS IS WHERE ANY MEDAL AWARDED WILL BE SENT. Name \_\_\_\_\_Address \_\_\_\_ \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DISTRICT COMMANDERS SIGNATURE:\_\_\_\_\_