

## Recommendation for the MEDAL OF VALOR OR COURAGE AWARD

The **Medal of Valor** is a special award for any Royal Ranger boy 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 boy 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 may include such action as part of their job. However, doctors, firefighters, EMT's, military personnel in combat zones, etc., are eligible for either of these awards while on duty only once. If they perform an act outside of their profession or while off duty, they may be considered for an additional medal.

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 Ministries 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/her 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. This is where any medal awarded will be sent.**

District Approval \_\_\_\_\_ Date \_\_\_\_\_

*Signature of District Commander*