

## Recommendation for the MEDAL OF VALOR AWARD

The **Medal of Valor** is a special award for Royal Rangers boys or leaders who have saved a life at the risk of their own.

Please fill out all parts of this recommendation. (Please type or print.) Attached you will find a documentation portion asking for detailed descriptions of the incident. Please submit this application to your district director for approval **before** sending it to the national office. The National Royal Rangers Ministries must approve all awards before they are presented. A **\$50 non-refundable** processing fee must accompany the application. This will cover the medal, ribbon, and certificate.

**1. Person being recommended. (applicant)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ District: \_\_\_\_\_ Outpost #: \_\_\_\_\_

**2. Church where above person attends.**

Church Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email: \_\_\_\_\_

**4. Date that incident occurred: \_\_\_\_\_ (mm/dd/yyyy)**

**5. Please list witnesses of incident, if any.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Please list witnesses of incident, if any.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email: \_\_\_\_\_

**8. This form must be approved by the district commander. This is where any medal awarded will be sent.**

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

*District Director's Signature*

**Signature not needed if this form is attached to a conformation email from the district commander.**

# MEDAL OF VALOR AWARD

## Steps in processing this application:

1. Satisfy basic qualification questions.
2. Complete application in detail.
3. Attach all supporting information (as applicable).
4. Have district director verify and sign application.
5. Forward to the national office for consideration.

## Basic Qualifications for the Medal of Valor

- Yes  No Was the applicant an active member of Royal Rangers at the time of the incident?
- Yes  No Did the incident occur within the past 12 months?
- Yes  No Was the applicant/rescuer nominated by someone other than himself?
- Yes  No Was the victim(s) in a life-threatening situation?
- Yes  No Was the victim(s) able to change the situation without the aid of the applicant?
- Yes  No Was the action of saving a life part of applicant's job\* (e.g., doctor, EMT, police, military, etc.) and were they on duty? **\*Note:** The applicant is 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 award.

If "no" was marked for any of the qualification questions except for the last question, the applicant **does not** qualify for the award's basic threshold standards.

1. Describe how the victim was in danger of losing his/her life? Please be as DETAILED as possible. Attach additional pages.

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2. Explain what was done by the applicant that saved the victim's life? Please be as DETAILED as possible. Attach additional pages.

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3. What is the likelihood that the victim would have perished if the applicant did not take the described action? Explain if necessary.

Very likely     Likely     Not likely     Unknown

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4. Describe how the rescuer placed his/her life in danger to save the victim? Please be as DETAILED as possible. If needed, attach additional pages.

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5. Was the incident recognized publically? (Newspaper, TV, etc.) If so, please attach newspaper articles or statements signed by doctors, firefighters, etc. Please attach any personal documentation or letters the rescuer may have received. These documents are helpful in determining which medal will be awarded.