

# GUARDIAN OF THE FLAME AWARD

LAW ENFORCEMENT APPLICATION/NOMINATION FORM



Your name: \_\_\_\_\_

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

Torch Run Affiliation (check one):  Law Enforcement Official  SOMN Staff  Volunteer  Athlete

## NOMINEE INFORMATION

Police Department's Name: \_\_\_\_\_

Office Contact: \_\_\_\_\_

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

1. What Law Enforcement Torch Run events does this agency participate in, either from a participation or organizational level? Check all that apply.

- Final Leg
- 5K/10K Run/Walk
- Golf Tournament
- Polar Plunge
- Tip-A-Cop
- Plane Pull
- Other:

Comments (if known, include number of participants, dollars raised, number of years involved, ways they participated [leadership/committee roles], etc.):

2. What Special Olympics Minnesota events does the agency participate in? Check all that apply.

- Area Competitions
- State Competitions
- Local Team Activities
- Other:

Comments:

3. Please describe any other reasons why this agency should receive the award.

## **PURPOSE**

The Minnesota Law Enforcement Torch Run Guardian of the Fame Award was created to recognize outstanding law enforcement agencies who have significantly contributed to the state-wide success of the Law Enforcement Torch Run for Special Olympics Minnesota.

## **SELECTION**

Nominations/Applications may be submitted by an individual, a law enforcement agency or a Special Olympics program. All nominations should include a completed nomination form that is provided. Nominees will be reviewed by the Law Enforcement Torch Run Minnesota Selections Committee who will then make recommendations to the Minnesota Law Enforcement Torch Run Executive Council. The Executive Council will vote on one annual award recipient.

## **CRITERIA**

The nominee's involvement must demonstrate a sustained and significant contribution to the achievement of the goals of the Law Enforcement Torch Run. The award recipients must have demonstrated achievement in program development, organization and fundraising success.

Please feel free to contact the SOMN LETR staff to generate additional information about your nominee.

Please submit your nomination(s) to  
**[torchrun@somn.org](mailto:torchrun@somn.org)**