Rockland County
VETERANS SERVICE AGENCY

Freedom Award Nomination Form - 2024

Name of Nominee (First MI Last Name): _____

Name of Nominator/relationship to veteran: _____

City/Town where veteran resides: _____

Daytime telephone/email: _____

Tell us about significant achievements, awards, operations, or recognitions by this veteran during her service:

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Does this veteran do volunteer work, work for a non-profit, or help others in some way? What do they do for a living? Please explain their impact on the community, their organization, or other cause they champion:

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Include a copy of the veteran's discharge documentation (DD 214, proof of service)

Ceremony will be held March 2024. Please verify nominee will be available to accept award.

Veterans Service Agency ♦ 20 Squadron Blvd, Suite 480, New City, NY 10956 ♦ 845-638-5244 ♦ vainterns@co.rockland.ny.us