NOMINATION FORM

**ASSP Western Carolina Safety Professional of the Year Award**

**This form is to be filled out by the individual, Chapter, Council, Practice Specialty, Common Interest Group or Region submitting the name of a nominee for this award.**

## **Nominee:**

**Name: Click here to enter text.**

**Address: Click here to enter text.**

**Phone: Click here to enter text.**

**Email: Click here to enter text.**

**Title: Click here to enter text.**

**Company/Organization: Click here to enter text.**

**Briefly describe the nominee’s current or recent ASSP activities: Click here to enter text.**

***I have reviewed the petition and believe all statements to be accurate and a faithful reflection of my activities in the Society, for my employer, and for my community.***

**Nominee's Signature:**

## 

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Sponsor:

Name: Click here to enter text.

Sponsoring ASSP Community (if applicable): Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Title: Click here to enter text.

Company/Organization: Click here to enter text.

***As the sponsoring individual or representative of a sponsoring ASSP Community (Chapter, Council, Region, Practice Specialty, or Common Interest Group) I have reviewed the petition and believe all statements to be accurate and a faithful reflection of the nominee's safety activities in the Society, for an employer, and for the community.***

Signature of sponsoring individual/Community representative:

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Petition Statement Instructions for Sponsor**

* **In 15 double-spaced pages or less, describe the nominee's qualifications for this award according to the criteria in the "Guide to the SPY Petition."**
* **Endorsement letters and supporting documentation are not included within the 15-page limit.**
* **Complete package should not exceed 37 pages, and includes:** 
  + **This nomination form and statement**
  + **Endorsement form from nominee’s supervisor**
  + **Nominee’s position description**
  + **Nominee’s one-page resume**

**Completed packages should be emailed to** [**Matt.Gruber@labor.nc.gov**](mailto:Matt.Gruber@labor.nc.gov) **by May 6th at the latest.**

**Incomplete applications will not be considered.**