2018 BAPPOA AWARDS NOMINATION FORM

Nominee's Name: _____

Current Position/Title: _____

Number of seasons/years nominee has worked for their agency: _____

Agency: _____ Address: _____

Approximate population served by agency: _____

Please indicate for which award you are nominating this person:

- ☐ *Outstanding Service*
- ☐ *Outstanding Program*
- ☐ *Outstanding Pool Maintenance*
- ☐ *Professional Achievement*
- ☐ *Lifetime Achievement*
- ☐ *"Young Professional" Award*

Directions to the Nominator: Please describe why this person deserves the award. Please be as specific as possible. For Professional Award Nominations, please address each aspect of the applicable criteria. Use additional space/attach additional sheets as necessary.

_____

_____

_____

_____

_____

_____

_____

Nominator's Name: _____

Daytime phone: _____ Business Fax: _____

Email Address: _____

Nominator's Signature: _____ Date: _____

☐ If submitting this form electronically, check here to indicate that the information contained in this form is true and accurate to the best of your knowledge.

Completed nomination forms must be submitted to Tricia Hall no later than **Wednesday, October 24th, 2018**:
Mail: Highlands Recreation District Attn: Tricia Hall 1851 Lexington Ave, San Mateo, CA 94402
Email:tricia@highlandsrec.ca.gov; Phone: 650-341-4251