

SWANA – Georgia Chapter AWARDS APPLICATION FORM for Solid Waste Worker of the Year

Individual Nominated: _____

Category (select only one):

- _____ Administrative/Support Operations
- _____ Collections
- _____ Landfill Operations
- _____ Recycling
- _____ Transfer Station Operations

Contact Person Name & Title:

Address: _____

City, State, Zip/ Province, Postal Code: _____

Phone #: _____

Fax #: _____

Email: _____

Application submitted by (if different than information listed above):

Phone #: _____

Fax #: _____

Email: _____

If selected for an award, how would you like the name of the solid waste worker to read on the award (limit of 50 characters)?

Application Checklist (Please make sure the following items are included in your submittal packet):

- *Award Application Form (this form)
- *Executive Summary - two double-sided pages. This award recognizes outstanding solid waste workers who go above and beyond their normal job duties in providing outstanding customer service to internal and external customers. The summary should explain what the nominee has done to be considered the chapter's Solid Waste Worker of the Year.
- Supplemental Material - six double-sided pages, which may include press clips, brochures, photographs, letters of endorsement, proclamations, etc.
- *Up to five photos.
- *Entries shall consist of ONE electronic copy of your application in a PDF format emailed to georgiaswana@gmail.com

Release Statement: I certify that the information provided in this application is accurate and correct to the best of my knowledge. SWANA – Georgia Chapter reserves the right to publish the enclosed information. Nominations become the property of SWANA – Georgia Chapter. My signature gives SWANA the right to reprint or make available for purchase any portion of this submittal.

Signature: _____ Date: _____

***All Entries Must Be Postmarked by August 31.
There is NO Application fee for Georgia Chapter Award Submittals.***