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.