

INTERNATIONAL ASSOCIATION FOR IDENTIFICATION

GEORGE PLETTS MERITORIOUS SERVICE AWARD NOMINEE APPLICATION

Nominees Name:
Address
City: _____ **State:** _____ **Zip:** _____
Business Phone: _____ **Home phone:** _____ **Fax:** _____
Agency:
Position: _____ **Number of Years with Current Agency:** _____
Duties:

SUPERVISOR'S NAME, TITLE & PHONE NUMBER:
 (On a separate sheet, add other agencies, position, duration/tenure and duties)

COMMUNITY SERVICE
Organization Name:
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Position Title: _____ **Office(s) Held, if any:** _____
Length of Service: _____ **Type of Service Provided:** _____
Community Service Representative Contact Person's Name: _____
Contact Person's Phone Number: _____
 (On a separate sheet, add any additional community service)

Membership

CSDIAI:	Member Since:	Membership Number:
IAI:	Member Since:	Membership Number:

Offices Held/Name of Committees:

Describe Services and/or Outstanding Contributions:

Name of Member Making Nomination: _____ **Membership #:** _____
Date: _____ **Phone #:** _____ **Agency:** _____

CRITERIA SUMMARY
(FOR INTERNAL USE ONLY)

EMPLOYER
Employer Contacted on (date): _____ **Supervisor's Name:** _____
Supervisor's Comments on Employee's Professionalism:

COMMUNITY SERVICE
Name of Organization/Community Service:
Verification Date: _____ **Currently Volunteering: Yes/No?**
Person Contacted:
Comments:

CSD IAI INVOLVEMENT

Member in Good Standing: Yes/No? _____ **Involvement In CSD IAI Verified: Yes/No?** _____
Outstanding Contributions Verified: Yes/No? _____ **Background Completed By:** _____
Date Completed: _____ **Phone:** _____

APPROVED BY RESOLUTIONS COMMITTEE

Chairperson:	Signature:	Date:
Committee Member:	Signature:	Date:
Committee Member:	Signature:	Date: