



HEALTH AND SAFETY ACTIVIST AWARD APPLICATION (must be nominated by an ETFO Local)

CRITERIA

ETFO may grant one **Health and Safety Activist Award** to an active member of ETFO to recognize their outstanding commitment and involvement in health and safety activities. The recipient shall receive a recognition award and be invited to a luncheon and awards ceremony at the Annual Meeting.

The **Health and Safety Activist Award** may be granted to a member of ETFO in good standing based on the following criteria:

- a) the award is offered to recognize members of ETFO who have demonstrated an outstanding commitment to and involvement in health and safety activities.

Preference will be given to those who have not previously received this award.

Materials submitted to the Awards Committee in support of an application become the property of the Awards Committee and will not be returned.

PROCEDURES

The application must be received by ETFO no later than **February 1, 2022**. Completed applications must include signature of Local President. Applications may be emailed as an attachment to awards@etfo.org or mailed to: **ETFO Awards Committee, 136 Isabella Street, Toronto ON M4Y 0B5**.

Please contact Nadine Moore at nmoore@etfo.org if you have not received email confirmation within three days.

1. Applications are processed by the ETFO Awards Committee. The committee's recommendations are taken forward to the ETFO Executive for consideration. You can expect to hear regarding the disposition of the award after **June 1, 2022**.
2. ETFO reserves the right to share materials with members on a cost recovery basis.
3. ETFO will not accept incomplete applications.
4. Applicants may only apply for one ETFO award in any given year. Applying for more than one category results in disqualification.

DEADLINE: FEBRUARY 1, 2022



HEALTH AND SAFETY ACTIVIST AWARD APPLICATION

_____ ETFO local held an executive meeting
 ETFO LOCAL

on _____ and passed a motion to nominate:
 DATE OF MEETING

NOMINEE INFORMATION

LAST NAME		FIRST NAME	
ETFO MEMBERSHIP #		EMAIL	
STREET	CITY		POSTAL CODE
SCHOOL NAME		NUMBER OF YEARS EMPLOYED BY A SCHOOL BOARD	
LOCAL PRESIDENT		LOCAL PRESIDENT SIGNATURE	
LOCAL SECRETARY		LOCAL SECRETARY SIGNATURE	

Has this member previously been nominated for this ETFO award? NO YES If yes, in what year? _____

Has this member received another ETFO award? NO YES If yes, in what year? _____

Name of ETFO award _____

Please include the following:

- 1) Describe in detail, the health and safety activities with which your nominee has been involved. Indicate if the activity was completed by the nominee or with others.

