



Service Award Nomination Application

746 8th St, Wasco CA 93280
Office: (661) 758-7271 Fax: (661) 758-1728
www.cityofwasco.org

Applicant Information:

Nomination for Award (select one):

- Youth Award
- Educator Award
- Public Safety Award
- Life-Time Service Award
- Non-Profit Award
- Citizen Award

Full Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____

For Youth Applicant Only.

What school do you currently attend? _____

What is your current grade level? _____

For Educator Applicant Only.

School of Employment: _____ Years with Current School: _____

Current Teaching Assignment: _____

Credential(s) Held: _____

For Public Safety Applicant Only.

Current Employer: _____ Years Working at Wasco Location: _____

Please Answer the Following Four Questions on a Separate Document:

- 1) What activities have you been involved in within the City of Wasco?
- 2) Did you assume a leadership role or were you an active participant?
- 3) How has your service to the community impacted Wasco and its residents?
- 4) Describe how your volunteer service has made you a positive and extraordinary representative for the City of Wasco?

NOTE: This document is a public record and may be disclosed/released pursuant to the California Public Records Act. Appointees and incumbents shall file the Statement of Economic Interest forms as required by the State of California. For example, the statement could include source of income, real property investments, and/or savings accounts within the City of Wasco depending upon the appointment.

Acknowledgement:

- I attest that the information on this service award application is true and an accurate reflection of my volunteer service in the City of Wasco.
- I attest (if completing the application for Life-Time Service applicant), that the information is an accurate reflection of the life-time service of said applicant.
- I attest (if completing the application on behalf of applicant), that the information is true and accurate to the best of my knowledge. Nominee must acknowledge application with signature below.

Applicant
Signature: _____ Date: _____

Parent's / Guardian
Signature
(Required for
Youth Application): _____ Date: _____

If Completing this Application on behalf of Applicant, complete this portion:

Full Name: _____

Address: _____

Cell/Home Phone: _____ Best Time of Contact: _____

Signature: _____ Date: _____

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