



# NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

## EDUCATOR OF THE YEAR NOMINATION FORM

SUBMISSION DEADLINE **JULY 31st**

Name of nominee: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Years of service related to Operator Education: \_\_\_\_\_  
Present position: \_\_\_\_\_

Involvement with NCWOA and other professional organizations (list organizations, years involved, and any leadership positions currently or previously held): \_\_\_\_\_  
\_\_\_\_\_

Instances/examples of the candidate's active involvement in Operator Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Example(s) of innovative techniques this individual utilizes to optimize the Operator Education process: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examples of how this individual has inspired others through his/her educational contributions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Achievements made in the area of Operator Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contributions the candidate has made in the area of Operator Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Year that the candidate last won this award (if applicable): \_\_\_\_\_

NOTE: Please provide sufficient data in each of the above categories to fully evaluate. If more space is needed, attach additional sheets to this form.

Name and phone number of nominee's supervisor: \_\_\_\_\_

NOTE: If the nominee is selected for the above award, the nominee's supervisor will be contacted to insure that the recipient will be at the **Wednesday** Awards Luncheon for the NCWOA Annual Waterworks Operators School in September.

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to nominee (co-worker, supervisor, etc. – must be familiar with the professional work of the nominee): \_\_\_\_\_

Please send nomination form to:

Heather Cagle, NCWOA  
PO Box 5466  
High Point, NC 27262  
[heather@ncwoa.com](mailto:heather@ncwoa.com)