



## ACHIEVEMENT AWARD Nomination Form

Nominee Full Name: \_\_\_\_\_

Is the Nominee Living?      \_\_\_\_\_ Yes      \_\_\_\_\_ No (insert family contact info.)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

---

Type of Achievement: Check **all** that apply

- "Hands-on" agricultural safety and health training for workers
- Adoption of wide-scale agricultural safety and health practices
- Advocacy for safety/health of all agricultural communities with a focus on underserved agricultural worker populations
- Academic excellence, extension/outreach education and/or research in agricultural safety and health
- Promotion of agricultural worker safety and health by businesses and disciplines (e.g. bankers, veterinarians in a position to influence on-farm practices)
- Innovative and creative approaches to agricultural safety and health education, interventions and/or research.

Category of Award: Check **one** (primary)

- |  |   |
|--|---|
| <input type="checkbox"/> Farm/Ranch Owner          | <input type="checkbox"/> Collaborating Leader   |
| <input type="checkbox"/> Safety/Health Researcher  | <input type="checkbox"/> Agribusiness           |
| <input type="checkbox"/> Agricultural Organization | <input type="checkbox"/> Educator               |
| <input type="checkbox"/> Ingenuity Achievement     | <input type="checkbox"/> Clinician              |
| <input type="checkbox"/> Lifetime achievement      | <input type="checkbox"/> Policymaker/Legislator |

---

Nominator: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Your Relationship to Nominee:

- Co-Worker       Employer       Student       Colleague  
 Supervisor       Friend       Other: \_\_\_\_\_

Signature: \_\_\_\_\_

---

Describe the individual's most notable achievement(s) in relation to the award category. If highly relevant and necessary to describe achievement(s), up to 5 Appendix pages may be added to the narrative.

**Nomination Deadline: January 6, 2021**

Conference Dates: March 22-24, 2021 – Las Vegas, NV

**Submit: 1) Nomination Form and 2) Narrative Document**

**E-Mail to:** [Julie@ashca.org](mailto:Julie@ashca.org)

**OR Post Mail to:**

ASHCA – Julie Koochagian, Administrator

Attn: Award Selection Committee

P.O. Box 2506

Leesburg, VA 20177

For further information see [www.ashca.org](http://www.ashca.org) or contact ASHCA Administration ([Julie@ashca.org](mailto:Julie@ashca.org)).