



Steering Committee Nomination Form (Please feel free to use additional pages as needed)

Name of Nominee: _____

Company/Organization: _____

Title: _____

Work Phone: _____

Company Address: _____

Email Address: _____

Years with Company/Organization: _____

Describe nominee's involvement in safety activities:

Describe other safety and hygiene related activities nominee is involved in:

Must also include resume and letter of recommendation.

Please return form and resume to Briana Hood or
email to bhood@chillicotheohio.com or fax to 740-702-2727.