



**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:**

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

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**Must also include resume and letter of recommendation.**

Please return form and resume to Briana Hood or  
email to [bhood@chillicotheohio.com](mailto:bhood@chillicotheohio.com) or fax to 740-702-2727.