



Teammates in Action

Nomination Form

Teammates in Action will recognize an emergency communications center employee for:

- **Providing exceptional customer service**
- **Performing above and beyond their normal realm of responsibilities**
- **Initiating a productivity, process, or quality improvement**
- **Having the desire to take a job well above completion to produce the best possible results**
- **Having a positive attitude toward the workplace and all tasks assigned, or**
- **To highlight a specific event or call for service that the teammate did an excellent job with.**

Instructions

Eligibility:

Anyone working in a Virginia emergency operations center can be nominated. This includes, but is not limited to, public safety telecommunicators, supervisors, managers, directors and/or administrators, trainers and coordinators, quality assurance personnel, IT personnel, and radio technicians.

Who can complete the form:

Anyone can be the nominator (co-worker, supervisor, manager, director, etc.)

Submitting your nomination:

Email the completed Microsoft Word or completed PDF nomination form as an attachment to csmelser@albemarle.org. You will receive emailed confirmation that your nomination was received within three business days.

All nominations are reviewed by the Virginia APCO Member Chapter Services Committee. The committee will make contact with the recipient's direct supervisor and/or ECC Director to confirm the nomination and have the details approved for publication. Additional materials, such as photos or newspaper articles, may be requested. Once approved, the recipient's actions will be posted on the Virginia APCO website, social media, and appear in the chapter newsletter.

Award Nominee Information

Name:	
Agency:	
Job Title:	
Nominee's Direct Supervisor:	
Supervisor's E-mail Address:	
Agency Address: Address line 1: Address line 2 (if applicable): City: State: Zip code:	
Agency Phone Number (including area code):	Agency Fax Number (including area code):
Email address:	

Nominator Information

Name (one individual only, please):	
Agency:	
Job Title:	
Agency Address: Address line 1: Address line 2 (if applicable): City: State: Zip code:	
Agency Phone Number (including area code):	Agency Fax Number (including area code):
Email address:	

Action Details

Date:

Incident Location:

Description of the Incident

Actions of the Nominee: