



2010 TEMPE MAYOR'S DISABILITY AWARDS NOMINATION FORM

(PLEASE TYPE OR PRINT)

Submissions due March 31, 2010
City of Tempe Diversity Department
480-350-2704 FAX 480-350-2907
Email: karl_stephens@tempe.gov

INSTRUCTIONS FOR COMPLETING NOMINATIONS

Nominations may be sponsored by anyone. Complete the attached form, use extra sheets as necessary and attach additional material if you wish. You may copy the form or reproduce it on your word processor if convenient.

Postmark/deliver/fax to:

City of Tempe Diversity Department
Tel: 480.350.2704 FAX 480-350-2907
31 East Fifth Street, Tempe, Arizona 85281

Deadline: **4:30 p.m., WEDNESDAY, MARCH 31, 2010**

Call Tempe Community Council at 480-858-2300 with questions.

QUALIFICATIONS FOR NOMINEES:

- **OUTSTANDING STUDENT EMPLOYEES** are enrolled in Tempe Union High School District and members of the Workbridge Program
- To be considered for an **EMPLOYEE** award, the employee must be a paid employee with a disability, either 1) working in Tempe or 2) a Tempe resident working for an employer Valley-wide.
- To be considered for an **EMPLOYER** award, the employer must employ persons with disabilities and have a business location in the City of Tempe.
- To be considered for the **ARCHITECTURAL ACCESSIBILITY** award, the facility must be located in the City of Tempe and have exceptional accessibility features.
- **VALUED SERVICE AWARD** nominee(s) are selected for outstanding accomplishments, deemed worthy of special recognition.
- **PRIDE OF THE CITY AWARD** nominee(s) are selected by the Commission on Disability Concerns to recognize an outstanding disability related individual or organization.



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Please complete this section for ALL nominees

This is a nomination for (Please CHECK):

- | | |
|---|--|
| <input type="checkbox"/> Outstanding Student Employees | <input type="checkbox"/> Outstanding Employer of Students |
| <input type="checkbox"/> Outstanding Employee of the Year | <input type="checkbox"/> Outstanding Employer of the Year |
| <input type="checkbox"/> Valued Community Service Award | <input type="checkbox"/> Architectural Accessibility Award |
| <input type="checkbox"/> Pride of the City | |

NOMINEE INFORMATION:

1. Nominee's name (Business Name or Individual's Name):

2. Address

Street & Number: _____

City _____ **State** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

3. Type of business of employer and/or employee:



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IF YOU ARE NOMINATING A **STUDENT EMPLOYEE**, PLEASE COMPLETE THE FOLLOWING SECTION:

1. **Name of Student Employee:**

2. **Home Address and Phone of Student Employee:**

Street & Number:

City, State, Zip:

Phone:

3. **Employer Name:**

4. **Address and Phone of Employer:**

Street & Number:

City, State, Zip:

Phone:

5. **School Attended by Student Employee:**

A. Nominee's job position, hours worked per week, type of work, and location of work (in the home, at the company office, etc.):

B. Why do you feel this person should be considered for an award as an outstanding student employee for 2010? Please cite specific work-related examples.



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OUTSTANDING EMPLOYER OF STUDENTS

PLEASE COMPLETE THE FOLLOWING SECTION FOR AN **EMPLOYER OF STUDENTS AWARD**:

Name and Title of chief executive/manager: _____

- A. Why do you feel this organization is an outstanding company regarding employment of students with disabilities? Please cite specific examples.
- B. What provisions have you observed at this company for accessibility and workstation modifications?
- C. To your knowledge, what information has this company provided to its employees about the Americans with Disabilities Act (ADA)?



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OUTSTANDING EMPLOYER OF THE YEAR

PLEASE COMPLETE THE FOLLOWING SECTION FOR AN **EMPLOYER AWARD**:

Name and Title of chief executive/manager: _____

- A. What are the reasons you feel make this organization an outstanding company in relation to employment of people with disabilities?
- B. What provisions have you observed at this company for accessibility and workstation modifications?
- C. To your knowledge, what information has this company provided to its employees about the Americans with Disabilities Act (ADA)?



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VALUED COMMUNITY SERVICE AWARD

PLEASE COMPLETE THE FOLLOWING SECTION FOR **COMMUNITY SERVICE AWARD**

A. List the nominee's personal or civic accomplishments of which you are aware that would support this nomination:

B. What are the reasons you feel make this person eligible to be considered for the Valued Community Service Award?



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PRIDE OF THE CITY AWARD

PLEASE COMPLETE THE FOLLOWING SECTION FOR **PRIDE OF THE CITY AWARD**

A. List the nominee's personal or civic accomplishments of which you are aware that would support this nomination:

B. Briefly describe the impact this individual has had on the community in relation to disability concerns.



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Nomination submitted by:

Date:

Name: _____

Address: _____

City _____ **State** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Company or Organization: _____

How you know the nominee?

Business: Employee __ Customer __ Other __ (describe)

Employee: Co-worker __ Friend __ Family __ Teacher __ Other (describe)