**REGION VI VPPPA INC.**

**SGE, MENTOR, OUTREACH-SAFETY & HEALTH RECOGNITION AWARD APPLICATION**

*You may duplicate this document as needed per site, but please combine all documents into one file when submitting online!*

NAME:

TITLE:

COMPANY:

ADDRESS1:

ADDRESS2:

CITY:

STATE:

ZIP:

EMAIL:

***In the space provided below, please list all the information regarding your contributions for each site in the following format (use the following format for every site/event you list). We understand that this will expand the document to multiple pages per site.***

CONTRIBUTION TYPE:

(Brief contribution description. You must have completed 2 of the criteria listed in the instructions on the website )

CONTRIBUTION AREA:

(SGE, MENTOR, OUTREACH.. list all that apply)

SITE-GROUP:

(Site or event name)

SITE ADDRESS:

(Address of site or event)

DATE:

(List only the beginning date for this site or event)

TOTAL TIME:

(List the total time spent with this site or event)

SITE CONTACT:

(List a site or event contact name that can verify your contribution. Include phone and email address)

ADDITIONAL INFORMATION:

(any additional information or elaboration)

After completing this form, it should be uploaded, and the application process completed.