



# Nomination Form

Today's Date: \_\_\_\_\_

(nominations are reviewed for consideration within 30 days)

## Nomination Details:

1. Who are you nominating? \_\_\_\_\_

2. Is the person a:

- Fitness Center Member
- Rehabilitation Staff Member
- Personal Trainer; Exercise Specialist; Exercise Technician
- Supervisor or Manager
- Administrative Staff (Clerical; Front Desk; Membership Office)

3. Achievement(s) this person accomplished?

- Set a personal fitness goal and achieved it;
- Provided exceptional service to another Sam B. Cook Healthplex member or staff member;
- Has demonstrated loyalty and longevity by a milestone anniversary (one year; five year; ten year; etc.)
- Has exceptional commitment for attendance reflected in continuous membership scans or employee attendance records
- A member who completed a certain number of group fitness training classes or training sessions
- An employee who has achieved a professional accreditation, certification; or professional distinction
- Someone who demonstrated persistence and determination in confronting a personal challenge
- A member who references new members who became Fitness Center members
- Other: \_\_\_\_\_

4. When did this person accomplish this achievement (date) \_\_\_\_\_

Continued on back....

5. In your words, what makes this person a Sam B. Cook Healthplex Hero? (what impact did the person have; why do you consider this special?)

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**Questions for You as the Nominator:**

1. **Your Name** (please print) \_\_\_\_\_

2. **Are You?**

Fitness Center Member

Employee/Staff

Your Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_