



PROFESSIONAL RECOGNITION AWARD NOMINATION QUESTIONNAIRE

Please do not submit any additional information other than the Nomination Questionnaire. It must be RECEIVED at IPRA no later than OCTOBER 31, 2006. Call to confirm if you are e-mailing or mailing your questionnaire.

The IPRA Professional Recognition Award is presented to a current park and recreation professional who has shown excellence in promoting parks and recreation on **local** and **regional** levels within the state of Illinois. Nominations will be valid for two years and therefore considered again next year. Candidates must meet the following criteria:

- Current membership in IPRA
- Served at least ten years as a full-time park and recreation professional
- Meets a minimum of five of the following:
 - Current or former officer or member of the board of an affiliate or section of IPRA
 - Current or former chairman of a committee within an affiliate and/or section
 - Participant in affiliate and/or section committee work
 - Contributor to the advancement of the park and recreation movement within the candidate's local community
 - Contributor of recognizable achievements and service within the candidate's local community
 - Major contributor to the park and recreation profession
 - State certified through IPRA as Certified Park & Recreation Professional, Associate Park & Recreation Professional, or Provisional Park & Recreation Professional

Nominee

Name: _____ Title: _____

Address: _____

1. How many years has the nominee been a member of IPRA?
 ___ 5 years or less ___ 11-15 years ___ 6-10 years ___ 16 or more years

2. How many years has the nominee served as a full-time park and recreation professional?
 ___ 5-10 years ___ 16-20 years ___ 11-15 years ___ 21 or more years

3. How many years has the nominee served as an officer or board member of an IPRA affiliate or section?
 (additional sheet if necessary)
 - a. Name of IPRA Affiliate/Section: _____
 Position Held: _____ # of yrs: _____
 - b. Name of IPRA Affiliate/Section: _____
 Position Held: _____ # of yrs: _____
 - c. Name of IPRA Affiliate/Section: _____
 Position Held: _____ # of yrs: _____

4. List any professional certifications the nominee holds, i.e. CPRP, APRP, PPRP, RPRP, CTRS, CPSI, etc.
- a.
 - b.
 - c.
 - d.

5. Please list all affiliate or section committees that the nominee served as chairman.

Affiliate/Section

Committee Chaired

- a.
- b.
- c.
- d.

6. Please list all affiliates or section committees that the nominee been an active member.

- a.
- b.
- c.
- d.

7. Please list the activities and/or organizations with which the nominee has been involved in their local community. Please include what their involvement was, i.e., board member, president, etc. (Use additional sheets if necessary)

- a.
- b.
- c.
- d.

8. Please list parks and recreational projects/events that advanced Parks & Recreation within his/her local community for which the nominee has been responsible. Please include a brief explanation of what the project is about and how it has impacted the community, i.e. Grants, Land Acquisition, Facilities, etc.

(Use additional sheets if necessary)

- a.
- b.
- c.
- d.

9. Please list all local community service awards received by the nominee. Please include why this award was given to nominee. (Use additional sheets if necessary)
- a.
 - b.
 - c.
 - d.
10. Please list previous awards in Parks & Recreation received by the nominee, i.e. NRPA, IPRA, Section, Affiliate. Please include what year the award was received and why the award was received. (Use additional sheets if necessary).
- a.
 - b.
 - c.
 - d.

Please note that in choosing the award recipient the judges will only consider information contained within this form. Resumes and personal knowledge will not be considered.

Thank you for participating in the IPRA Awards and Recognition Program. The Nomination Questionnaire must be **RECEIVED** at IPRA no later than OCTOBER 31, 2006. Call to confirm if you are e-mailing or mailing your questionnaire.

Submitted by

Name:

Agency:

Email:

Work Phone:

Email submission: mike@ILipra.org **Phone:** 630-376-1911 **Fax:** 630-376-1919

Postal mail or drop-off submission to: IPRA, 1815 S. Meyers Rd. Suite 400, Oakbrook Terrace, IL 60181

Revised 02/10/06