**PAF NOMINATION FORM**

**ParaLEADER of the Year Award**

**NOMINATIONS OPEN: JUNE 15, 2021**

**NOMINATIONS CLOSE: AUGUST 15, 2021**

This form must be completed for all nominees of the PAF ParaLEADER of the Year Award. The completed form must be return to PAF no later than **August 15, 2021**.

Purpose

Each year an outstanding paralegal will be selected to receive PAF’s pinnacle annual award, the ParaLEADER of the Year award. This prestigious award will be given to a singular paralegal who has contributed significantly to the legal community and/or PAF. The purpose of this award is to recognize above-and-beyond achievement including contributions to relationships among the paralegal profession, the public, and the legal community and/or exceptional leadership within a PAF Chapter including proposing or developing programs or guidelines.

Qualifications (*Current PAF Executive Committee members cannot nominate nor are eligible as a recipient of this award)*

* Must be a current Active or Student member of PAF
* Must have been a member of PAF for at least two (2) years
* Must be nominated by another PAF Member
* Nominating PAF Member cannot be related to Nominee

**Send your completed Nomination Form either via email to:** **director@pafinc.org**

**or via mail to: P.O. Box 11081, Tallahassee, Florida 32302**

**

**PAF AWARD NOMINATION FORM – ParaLEADER of the Year**

Nominee Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee Achievements and Contributions

In the box below, describe the most significant achievement or contribution that should be considered for the ParaLEADER of the Year Award. Include the purpose of the project/program, Nominee’s level of involvement, current status of project/program, and the effect Nominee’s participation on the project/program. If more space is needed, please use an additional sheet.

1. How has this member contributed to the Paralegal community?

2. Is this member a member of any other legal organization?

3. Does this member promote PAF? If so, how?

4. Does this member contribute to the local chapter? If so, how?

5. What board positions does this member hold (within PAF or any other legal organization and any non-profits)?

Information of Nominating PAF Member (*Nominees must be nominated by a PAF Member)*

I hereby nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for consideration as a recipient of the PAF ParaLEADER of the Year Award.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Nominating PAF Member Date

**Send your completed Nomination Form either via email to:** **director@pafinc.org**

**or via mail to: P.O. Box 11081, Tallahassee, Florida 32302**