
Company Name

Nominee Full Name

HACR YHCA SIGNATURE PAGE

Must scan and email signed this page to yhca@hacr.org for your nomination to be considered.

NOMINATOR INFORMATION *[Required]*

Name (Last, First, Middle Initial)

Relationship to Nominee

Title

Telephone

E-mail

Signature of Nominator

Date Signed

COMPANY CEO OR EVP OF HR *[Required]*

Check here if same as Nominator Information

Name (Last, First, Middle Initial)

Telephone

E-mail

Signature of CEO or EVP, HR

Date Signed

PRIMARY POINT OF CONTACT FOR COMPANY *[Required]*

This person will receive primary communications regarding the HACR YHCA Program. Check here if same as Nominator Information.

Name (Last, First, Middle Initial)

Telephone

E-mail

Check here if you would like HACR to notify your nominee directly of the decision on their application.