

# NOMINATION FORM

## FAPE ADVISOR OF THE YEAR

(To be submitted during or prior to registration at the  
2025 Florida Association of Police Explorers State Conference)

### Nominee

(Nominee need not be present at the Exploring Conference)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Office:(\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

### Participating Organization

Name of department \_\_\_\_\_

Number of years/months as Advisor \_\_\_\_\_ (years) \_\_\_\_\_ (months)

**Reason for Nomination** (Please attach documentation to this form.)

### Post Information

**Post Name:** \_\_\_\_\_

**Post #:** \_\_\_\_\_

**Personal Achievements** (Please attach documentation to this from)

### Approval

Chief, Sheriff, Agency Director, Supervisor, or  
their designee

\_\_\_\_\_  
(Signature)

### Nominator

Name \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_

**Rec'd by & Date** \_\_\_\_\_