

NOMINATION FORM

FAPE EXPLORER 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 Explorer _____ (years) _____ (months)

Reason for Nomination (Please attach necessary documentation to this from)

Post Information

Post Name: _____

Post #: _____

Personal Achievements (Please attach necessary documentation to this form)

Advisor

Advisor Information

Signature

Name: _____

Address: _____

Telephone: _____

Rec'd by & Date _____