



GOLDSBORO POLICE DEPARTMENT



AWARD APPLICATION/NOMINATION FORM

Officer Recommended: _____

Requesting Person: _____

Relationship to Officer: _____
(GPD Officer, GPD Supervisor, Citizen, etc.)

If not a member of the Goldsboro Police Department, please provide contact information for possible follow up interviews/questions.

Address: _____

Phone number(s): _____

Award Recommended: _____

*The award should meet guidelines and standards set forth in Goldsboro Police Department General Order 3.10 Achievement and Performance Awards. If you are a citizen and are unsure of the appropriate award title, please state so.

*Applications for Achievement Awards must include appropriate supporting documents (i.e. transcripts, certificates, etc.).

Explain in detail the reason the officer should be awarded:

Requesting Person's Signature

Date



GOLDSBORO POLICE DEPARTMENT



FOR INTERNAL USE ONLY

Award Committee Chair Review

Achievement Award

Application Complete, including supporting documents

Approved for Award (eligibility requirements met)

Not Approved for Award (comment): _____

Performance Award

Application Complete, including supporting documents

Awards Committee Members Voting

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | |

Comments:

Awards Committee Recommendation(s)

Approved for Recommended Award

Not Approved for Award

Approved for Other Award: _____

Award Committee Chair Signature

Date

Chief of Police

Approved for Award

Not Approved for Award

Approved for Other Award: _____

Chief of Police Signature

Date