

2023 Governor’s Employer Awards Program Nomination Packet

Awards for Public, Private and Non-Profit Employers

Public, private, and non-profit employers are recognized for their efforts to recruit, hire, and advance individuals with disabilities.

- Public Employers are governmental entities (Federal, State, City, County, Municipalities) whose revenues are derived from public support, i.e., taxes.
- Private Employers generate revenues from the services and products they provide.
- Non-Profit Employers are registered with the state and maintain 501(c)(3) certification.

NOTE: Employers considered for these awards must pay all workers with disabilities the Washington State minimum wage of **\$15.74 per hour** or higher; the workers must also be eligible to receive employee benefits as other similarly situated employees. **Sub-minimum wage not allowed.**

Nomination

Business Name: _____

Business Address: _____

Contact Person’s Name: _____

Contact Person's Phone: _____

Email: _____

| | | | | | |
|----------------------------------|--|--|-------------------------------|---------------------------------|---------------------------------------|
| Type: | <input type="checkbox"/> Public: | <input type="checkbox"/> State | <input type="checkbox"/> City | <input type="checkbox"/> County | <input type="checkbox"/> Municipality |
| | <input type="checkbox"/> Private | Size: <input type="checkbox"/> Small (99 or less employees) S: 1-25 M: 26-75 L: 76-99 | | | |
| | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Medium (100 – 499 employees) S: 100-170 M: 171-340 L: 341-499 | | | |
| <input type="checkbox"/> Federal | <input type="checkbox"/> Large (500 or more employees) S:500-1,000 M:1,001-1,999 L: 2,000+ | | | | |

Total Number of Staff: _____

of Staff with Disabilities: _____

Nominator

Nominated by: _____ Phone Number: _____

Business Name: _____ Nominator’s Email: _____

Nominator’s Address: _____

Questions: Please include as many specific examples as possible to demonstrate why this employer deserves the award. All questions must be answered for a nomination to be complete; N/A an acceptable response. There may be overlap in the responses provided. As shown below, each question has a maximum number of points, with all questions totaling 100 points. Selection Committee members individually review and rate each response and the support materials submitted. (Please note: the online SurveyMonkey numbers the questions differently.) **300-500 words, 500 words max.**

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| | Max Points |
|---|------------|
| 1. Describe the business’s most successful <i>practices to recruit</i> people with disabilities. | 20 |
| 2. Describe the nominee's practices to <i>retain and advance</i> individuals with disabilities in their workforce and in their management teams, such as regular pay increases, additional work hours, increased work responsibilities, and advancement opportunities. | 25 |
| 3. Describe the business’s practices involving employees with disabilities in the informal/social aspects of workplace culture, fostering natural supports and creating an <i>inclusive environment</i> . | 20 |
| 4. Describe the nominee's efforts and practices to make workplace <i>accommodations</i> for employees with disabilities. Some examples include acquisition of adaptive technology or equipment, facility modifications, job sharing, providing alternate or extra supervision, special training and collaboration with job coaches or service organizations. | 20 |
| 5. Nominations must include two (2) support documents , i.e., testimonials from employees, newsletter or newspaper articles, letters of recommendation or letters of support submitted by colleagues, employers, customers, coworkers, friends and family members. Nominators are not eligible to submit support letters. Note: videos will not be accepted. | 15 |
| 6. Feel free to <i>add information</i> about other programs, procedures, processes, practices or additional information about the employer you feel is relevant to your nomination. | NA |

Nominations must include:

- A completed SurveyMonkey or a typed nomination form submitted by Friday, July 28, 2023.
- Two (2) support documents such as testimonials from employees, newsletter or newspaper articles, letters of recommendation or letters of support. Support documents may be uploaded with the electronic nomination, or emailed to GCDEawards@esd.wa.gov by Friday, August 4, 2023.

Following your nomination submission:

A GCDE member or staff will contact your nominee to request signed release of information forms and two (2) photos. If the nominee is an employer, we prefer photos of employees with disabilities doing their job. Photos are utilized during the awards celebration, providing additional recognition of your nominee.

Awards Ceremony PowerPoint presentation

During the Awards Ceremony, each nominee is introduced with a PowerPoint slide. Please recommend the wording to be used on the slide describing the nominee’s efforts being recognized.

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Example: Fusion Inc. offers increased employee engagement and inclusion through workplace accommodations. They expanded their customer base as they promoted their staff with disabilities.

Certification of Truth and Accuracy

By submitting this nomination, I attest the information I am providing is accurate and complete. I have obtained the necessary permission for the information submitted. I also understand the information I am providing may be used for local, state, or national publicity.

Nominator’s Signature

Date

The Nomination Deadline is Friday, July 28, 2023.
Support documents accepted until Friday, August 4, 2023.
Electronic nominations should be submitted via **Survey Monkey**. (Full URL:
<https://www.surveymonkey.com/r/31st-annual-governors-employer-awards>)

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Governor’s Youth Employer Award

Youth Employers are public, private, and non-profit employers who sponsor programs or events promoting employment preparation and job skills training for youth with disabilities.

Nomination

Business Name: _____

Business Address: _____

Contact Person’s Name: _____

Contact Person’s Phone: _____ Email: _____

Nominator

Nominated by: _____ Phone Number: _____

Business Name: _____ Nominator’s Email: _____

Nominator’s Address: _____

Questions: Please include as many specific examples as possible to demonstrate why this employer deserves this award. All questions must be answered for a nomination to be complete; N/A an acceptable response. There may be overlap in the responses provided. As shown below, each question has a maximum number of points, with all questions totaling 100 points. Selection Committee members individually review and rate each response and the support materials submitted. (Please note: the online SurveyMonkey numbers the questions differently.)

| | Max Points |
|---|------------|
| 1. Describe the organization’s most successful practices to <i>recruit youth</i> with disabilities. | 45 |
| 2. Describe the nominee's efforts to provide opportunities for <i>work-based learning</i> experiences, such as internships, student transition programs, mentoring events and job shadowing for youth with disabilities. | 40 |
| 3. If applicable, describe the nominee's success in <i>hiring youth</i> with disabilities for paid positions in competitive employment, with the nominee’s business or elsewhere. Please include as many specific examples as you can. (NOTE: Employers considered for these awards must pay all workers with disabilities the Washington State minimum wage of \$15.74 per hour or higher; the workers must also be eligible to receive employee benefits as other similarly situated employees.) | NA |

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| | Max Points |
|--|------------|
| 4. Nominations must include two (2) support documents , i.e., testimonials from employees, newsletter or newspaper articles, letters of recommendation or letters of support, submitted by colleagues, employers, customers, coworkers, friends and family members. Nominators are not eligible to submit support letters. Note: videos will not be accepted. | 15 |
| 5. Feel free to <i>add information</i> about other programs, procedures, processes, practices, or additional information about the organization you feel is relevant to your nomination. | NA |

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Following your nomination submission:

A GCDE member or staff will contact your nominee to request signed release of information forms and two (2) photos. If the nominee is an employer, we prefer photos of employees with disabilities doing their job. Photos are utilized during the awards celebration, providing additional recognition of your nominee.

Awards Ceremony PowerPoint presentation

During the Awards Ceremony, each nominee is introduced with a PowerPoint slide. Please recommend the wording to be used on the slide describing the nominee’s efforts being recognized.

Example: Jane Doe believes in helping youth build the foundation for success by providing opportunities for them to build their work skill inventory, make new connections, and prepare for employment. Her actions have made an incredible impact on youth by empowering them to feel more confident about their future.

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Certification of Truth and Accuracy

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Direct Support Professional Award

This “Career” achievement award recognizes exceptional professionals who work directly with individuals with intellectual, developmental, and/or psychological disabilities, to ensure their full inclusion in their community through supported employment. To qualify for this award, the nominee must currently be in a direct support position (Job Developer, Job Coach) and have been in this or a similar position for a minimum of three (3) years. The Award nominees are judged on their success, expertise, and best practices to create meaningful, inclusive employment environments for individuals with disabilities. A strong nomination will provide examples of qualities such as *advocacy, competence, innovation, networking, resourcefulness, commitment, problem-solving techniques, and person-centered approaches*. Nominees demonstrate their tenacity through the assessment process, job search assistance and/or ongoing job retention services. **Note:** Current GCDE members and staff cannot themselves be nominees, or have nominations submitted on their behalf, during the same time they serve the Committee. Previous award recipients are not eligible for a second award.

Nomination

Person Nominated: _____

Phone: _____ Email: _____

Title/Position: _____ Length of Time in Position: _____

Agency/Organization: _____

Agency/Organization Address: _____

Nominator

Nominated by: _____ Phone Number: _____

Business Name: _____ Nominator’s Email: _____

Nominator’s Address: _____

Questions: Please include as many specific examples as possible to demonstrate why this individual deserves this award. All questions must be answered for a nomination to be complete; N/A an acceptable response. There may be overlap in the responses provided. As shown below, each question has a maximum number of points, totaling 100 points. Selection Committee members individually review and rate each response and the support materials submitted. (Please note: the online SurveyMonkey numbers the questions differently.)

| | Max Points |
|--|------------|
| 1. What characteristics make the nominee <i>exceptional in their position</i> ? (Provide detailed examples of what makes this nominee outstanding. This may include tenacity, attitude, creativity, interpersonal/communication skills, or other abilities.) | 30 |

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| | Max Points |
|---|------------|
| 2. What specific achievements or contributions has the nominee made in supporting persons with disabilities to <i>find meaningful employment</i> ? (This may include career assessment techniques, job search assistance, job carving, etc.) | 25 |
| 3. What specific achievements or contributions has the nominee made in supporting persons with disabilities <i>succeed in their workplace</i> ? Provide specific details that may include how the nominee: <ul style="list-style-type: none"> • helps build natural supports • assists individuals to advance in their career • creates positive change • demonstrates unique barrier-removal skills • identifies transportation solutions • develops unique job coaching techniques that lead to job retention, etc. | 30 |
| 4. Nominations must include two (2) support documents , i.e., testimonials from employees, newsletter or newspaper articles, letters of recommendation or letters of support, submitted by colleagues, employers, customers, coworkers, friends and family members. Nominators are not eligible to submit support letters. Note: videos will not be accepted. | 15 |
| 5. Feel free to <i>add information</i> about other programs, procedures, processes, practices, or additional information about the nominee you feel is relevant to your nomination. | NA |

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Awards Ceremony PowerPoint presentation

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recommend the wording to be used on the slide describing the nominee’s efforts being recognized.

Example: John Smith understands workforce needs and how the promotion of inclusive hiring practices leads to positive outcomes for both businesses and individuals. Through his tenacity, dedication, and advocacy, he has supported numerous individuals in achieving their career success while ensuring full inclusion in the workplace.

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Nominator’s Signature

Date

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Governor’s Trophy *in Memory of Carolyn Blair Brown*

The Governor’s Trophy *in Memory of Carolyn Blair Brown* Award honors an individual with a disability who has developed or influenced programs, services, legislation, etc., resulting in positive outcomes enhancing the empowerment of individuals with disabilities in Washington State. **Note:** Current GCDE members and staff cannot themselves be nominees or have nominations submitted on their behalf during the same time they serve the Committee. Previous award recipients are not eligible for a second award.

Nomination

Person Nominated: _____

Person’s Address: _____

Phone: _____ Email: _____

Nominator

Nominated by: _____ Phone Number: _____

Business Name: _____ Nominator’s Email: _____

Nominator’s Address: _____

Questions: Please include as many specific examples as possible to demonstrate why this individual deserves this award. All questions must be answered for a nomination to be complete; N/A an acceptable response. There may be overlap in the responses provided. As shown below, each question has a maximum number of points, totaling 100 points. Selection Committee members individually review and rate each response and the support materials submitted. (Please note: the online SurveyMonkey numbers the questions differently.)

| | Max Points |
|--|------------|
| 1. Provide an overview of why this individual deserves to be recognized, describing the nominee’s <i>dedication, activities or actions</i> that result in tangible, positive outcomes enhancing the empowerment of individuals with disabilities at local, state and/or national levels. | 45 |
| 2. List any <i>recognition</i> this individual has received from other agencies or disability organizations supporting this nomination. Provide the date of the recognition and reasons for their acknowledgement. | 40 |
| 3. Nominations must include two (2) support documents , i.e., testimonials from employees, newsletter or newspaper articles, letters of recommendation or letters of support submitted by colleagues, employers, customers, coworkers, friends and family members. | 15 |

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| | Max Points |
|--|------------|
| Nominators are not eligible to submit support letters. Note: videos will not be accepted | |
| 4. Feel free to <i>add information</i> about other programs, procedures, processes, practices, or additional information about the individual you feel is relevant to your nomination. | NA |

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Awards Ceremony PowerPoint Presentation

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Example: Thomas Jones challenges the status quo and consistently delivers innovation, improving social inclusion and employment equality for those who experience a disability.

Certification of Truth and Accuracy

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Nominator’s Signature
Date

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Governor's Committee on Disability Issues and Employment Toby Olson Lifetime Impact Award

The Toby Olson Lifetime Impact Award embodies the qualities and characteristics of the late Toby Olson, a giant in the field of disability. Toby was a selfless leader who worked diligently addressing the inequities people with disabilities face in their community and at the state and national levels. This Award is intended for an individual with a minimum of ten years of documented accomplishments in the field of disability. The Award recipient will demonstrate specific, direct actions dramatically changing the lives of those in the disability community. Expanding the rights, inclusion, and socioeconomic integration of persons with disabilities over the course of many years is the hallmark of potential award recipients. **Note:** Current GCDE members and staff cannot be nominated while they are currently on the Committee. Previous award recipients are not eligible for a second award.

Nomination Process

GCDE is implementing a two-step process for the Toby Olson Lifetime Impact Award. This first step is a **Letter of Intent** prepared by the nominator and an **Endorsement Letter** prepared by a current or former GCDE Member. Both documents should be completed electronically and emailed to GCDEawards@esd.wa.gov. Submissions can be received between November 1 and July 31, annually. To be considered for the 2023 awards celebration, both documents must be submitted by June 30th, 2023.

The information collected in the first step is reviewed to determine if the nomination should proceed. The nominator will be advised by telephone or email whether the submission will be approved to move forward. A link to the official Toby Olson Nomination Packet will be included in the GCDE approval letter.

Following approval, the second step requires completion of an official nomination packet with support materials, which will then be reviewed by the Judging Panel. The official nomination packet will be available online through a SurveyMonkey link or it can be emailed. To be considered for the 2023 award process, the completed nomination packet and all supporting material must be submitted to GCDE by July 28, 2023.

Templates for the Letter of Intent and for the Endorsement Letter are provided below. PDF copies under the **Employer Awards** section of the Projects page on the GCDE website at <https://esd.wa.gov/gcde/projects>.

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Judging Panel

The Judging Panel will include Rhonda Brown, Toby Olson's widow, and the Chairperson, Executive Director, and Awards Subcommittee chair of the Governor's Committee on Disability Issues and Employment along with others appointed by the GCDE chairperson. These individuals have extensive background and experience, ensuring the highest level of expertise to select the award recipient.

The Nomination packet asks for the following information:

1. Describe the specific, direct actions that expanded the rights, inclusion and socioeconomic integration of persons with disabilities over a minimum of ten years.
2. Describe the current or potential outcomes and/or impact of the person's contributions.
3. Describe how the person embodies the qualities and characteristics of the late Toby Olson with specific examples of the person's ability to be a persuasive communicator, their passion for disability rights and their knowledge of the history, laws and issues surrounding those in the disability community.
4. Describe how the person has made a lasting impact through their achievements such as:
 - Authored, secured passage and enactment of state laws expanding the rights and opportunities for people with disabilities
 - Developed training tools for managers and supervisors, increasing opportunities and full participation for individuals with disabilities in the workplace
 - Written and secured grants and other funding opportunities focused on improving the lives of individuals with disabilities.

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Letter of Intent for the Toby Olson Lifetime Impact Award

I wish to nominate the following person for the Toby Olson Lifetime Impact Award. I believe they embody the qualities and characteristics of the late Toby Olson.

They have a minimum of ten years in the field of disability, with documented accomplishments of direct actions that have dramatically changed the lives of those in the disability community.

Person Nominated: _____

Phone: _____ Email: _____

In the box below please state, in 500 words or less, your reasons for nominating this person. Please describe the person's accomplishments which have changed the lives of those in the disability community by expanding their rights, inclusion, and socioeconomic integration.

Nominator

Name: _____ Phone Number: _____

Nominator's Address: _____ Nominator's Email: _____

What is your relationship to the nominee? _____

How long have you known the nominee or their work? _____

- By submitting this Letter of Intent, I attest the information I am providing is accurate and complete.

Nominator's Signature

Date

2023 Governor's Employer Awards Program Nomination Packet

Endorsement Letter for the Toby Olson Lifetime Impact Award

(NOTE: The nominator may not submit a Letter of Endorsement.)

Your Name: _____ Nominee's Name: _____

Best way to contact you (phone, email, etc.): _____

Nominator Name: _____

Please check one:

Current GCDE Member

Former GCDE Member

Emeritus Member

What is your relationship to the nominee? _____

How long have you known the nominee or their work? _____

In the box below please state, in 500 words or less, your reasons for endorsing this nomination. Please describe the person's accomplishments which have changed the lives of those in the disability community by expanding their rights, inclusion, and socioeconomic integration.

By submitting this endorsement, I attest the information I am providing is accurate and complete.

Endorser's Signature

Date

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Letter to Employer Advising of Proposed Nomination and Requesting Assistance

Employer Contact name and address

Dear (insert contact name),

My name is [insert name, with (insert agency name)]. I am nominating your business, (insert business name), for the 2023 Washington State Governor’s Employer Awards Program. The Award recognizes employers for their efforts to recruit, hire, and advance workers with disabilities.

I believe (insert business name) is worthy of this recognition. I need your assistance in completing the nomination. Please take a moment to complete the attached “Congratulations” form. By doing so, it helps me to know more about your hiring practices and inclusion efforts. If you would prefer to respond to these questions over the phone, feel free to contact me at (insert phone number) or (email) to set up a time when we can connect.

In addition, the nomination requires a couple of photos of your business and your employees with disabilities at work. These photos are utilized during the awards celebration, providing additional recognition for (insert nominee’s name). A GCDE member or staff will be contacting you to request signed release of information forms and two (2) photos. Everyone included in the photos must sign a release of information.

The event will be on October 6, 2023, at the Wenatchee Convention Center.

If you have any questions, please let me know. Thank you for being a leader in the community and for empowering individuals with disabilities in their employment endeavors.

Sincerely,

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Employer Congratulations! Form Letter

You have been nominated for a Washington State Governor’s Employer Award.

Please fill out this form so we can complete the nomination:

Business Name: _____

Business Address: _____

Contact Person’s Name: _____

Contact Person’s Email: _____

| | | | | | | |
|------|-------------------------------------|--|---------------------------------|--------------------------------|---------------------------------------|----------------------------------|
| Type | <input type="checkbox"/> Public: | <input type="checkbox"/> City | <input type="checkbox"/> County | <input type="checkbox"/> State | <input type="checkbox"/> Municipality | <input type="checkbox"/> Federal |
| | <input type="checkbox"/> Private | Size: | | | | |
| | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Small (99 or less employees) S: 1-25 M: 26-75 L: 76-99 | | | | |
| | | <input type="checkbox"/> Medium (100 – 499 employees) S: 100-170 M: 171-340 L: 341-499 | | | | |
| | | <input type="checkbox"/> Large (500 or more employees) S:500-1,000 M:1,001-1,999 L: 2,000+ | | | | |

Total Number of Staff: _____ # of Staff with disabilities: _____

Please answer the following questions on a separate sheet of paper:

1. Describe your specific strategies for *hiring, recruiting or advancing workers* with disabilities, such as targeted recruitment efforts, working with job coaches, vocational counselors, developing policies for inclusion and staff training.
2. Share examples of a *successful hire or positive experience* you have had with an employee with a disability in your workplace.

The person listed below will be contacting to schedule a time to connect.

Nominated by: _____ Phone Number: _____

Nominator’s Address: _____ Nominator’s Email: _____

Publication, Video and Website Consent and Release Agreement



Governor’s Committee
on Disability Issues
and Employment

Publication, Video Website Consent and Release Agreement

The Committee seeks permission to use your photo, name, voice, statement, written work and/or art

Governor’s Committee on Disability Issues and Employment (GCDE) employees and members of the public are occasionally asked to be a part of GCDE’s publicity, publications, and/or public relations activities, which may include representation in the media.

This signed form indicates agreement that the subject’s name, picture, art, written work, voice, verbal statements and/or portraits (video or still) may appear in the committee’s publications, videos and/or website, or in print, social or broadcast media. These images may or may not personally identify the subject. The subject also agrees that:

- No money shall be paid.
- Consent and release have been given willingly.
- The name, picture, art, written work, voice, verbal statements, portraits (video or still) may be used in the future.

Governor’s Committee on Disability Issues and Employment agrees that the subject’s name, picture, art, written work, voice, verbal statements and/or portraits (video or still) shall be used only for public relations, public information, event or project promotion, publicity and instruction.

If the subject or in the case of a minor child, parent or guardian, wish to rescind this agreement, he or she may do so at any time with written notice.

Agreement

I authorize the Governor’s Committee on Disability Issues and Employment to use my name, voice, verbal statements, and/or any photographs, film, digital recording or videotape that may contain my likeness, for publicity or informational purposes. This includes the editing, duplication, reproduction, copyright, representation in the media, exhibition, broadcast, posting on GCDE’s website, and/or other non-profit use and distribution of such photographs for purposes deemed suitable by GCDE, unless I make my wishes to the contrary known. I understand that my image or information that I provide may be used without my review.

Release agreement

Please sign here

Subject (print name)

Signature

Date

Phone Number

Please complete this section for minors

If subject is a minor child (less than 18 years old), complete the following section.

Guardian (print name)

Guardian Signature

Minor (print name)

Date

Phone Number