



STATE COALITION OF PROBATION ORGANIZATIONS

STATE OFFICE
8950 CAL CENTER DRIVE, SUITE 108, SACRAMENTO, CA 95826
(661) 619-8320 PHONE (916) 368-5820 FAX

State Coalition of Probation Organizations

Officer of the Year Award

The State Coalition of Probation Organizations has established an annual Officer of the Year Award to recognize outstanding SCOPO members in the fields of adult and juvenile probation. Nominees must be members in good standing within their County probation organization and SCOPO.

Nominations may be made by any SCOPO member in good standing. Nominations **MUST** be received by the Award Committee on or before the due date posted on the application. The nomination form must be completed in its entirety for the committee to consider the nomination. Members may be nominated posthumously.

Award Descriptions and Criteria

Deputy Probation Officer of the Year

To be awarded to a probation officer working with adults or juveniles who has made a significant contribution to the field of probation and/or has exhibited exemplary job performance.

Probation Institution Staff Member of the Year

To be awarded to a probation institutional staff member working with probationers in an institution who has made a significant contribution to the field of probation and/or has exhibited exemplary job performance.

Probation Hero Award

To be awarded to any probation institutional staff member, officer or team who has demonstrated exceptional valor in the line of duty, has distinguished themselves by bravery, courage, or heroism, and has placed the welfare of others above all other considerations.



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State Coalition of Probation Organizations Officer of the Year Award Nomination Form

Nominee Personal Data

Award Category Nominated:

Name: _____

Employment Data

County of Employment: _____

Job Title: _____ Time in position: _____

Probation Employment History: _____

Professional and Community Bio:

Award Nomination Data

Nominated by: _____ Email: _____



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Justification to support nomination (please use additional sheets as needed):

I hereby attest the person nominated is, or if deceased, was, a member in good standing with the State Coalition of Probation Organizations.

Signature of SCOPO Board Member:

Printed name of SCOPO Board Member:

Date of Receipt: _____

Nominations must be postmarked or received by 11/30/19

Please submit nominations to:
S.C.O.P.O.
8950 Cal Center Drive, Suite 108
Sacramento, CA 95826