



**LIBRARIAN OF THE YEAR AWARD  
NOMINATION FORM**

**INFORMATION ON NOMINEE**

Name: \_\_\_\_\_

Title/Affiliation \_\_\_\_\_

Network \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Fax Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

**INFORMATION ON NOMINATOR:**

Name \_\_\_\_\_

Title/Affiliation \_\_\_\_\_

Network \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Fax Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_

**Please submit nominee's resume and any supporting documentation/evidence of achievements such as recommendations from community and professional associations by:**

**MARCH 31**

**TO**

**Awards' Selection Committee**

**c/o The President**

**ASSOCIATION OF LIBRARIANS IN THE JAMAICA LIBRARY SERVICE (ALJALS)**

Portland Parish Library  
Region 2  
1 Fort George Street  
Port Antonio  
Telephone: 993-2793/ 3931  
Fax: 993-3533

[aljalspresident@yahoo.com](mailto:aljalspresident@yahoo.com)

Nomination criteria available at [www.aljals.org](http://www.aljals.org)