

WorkQuest

The right solution.

Artie Lee Hinds Award Nomination Form

**One employee nominee per community rehabilitation program.*

Nominee must work on a State Use Program contract. Attach additional sheets as needed.

Please be as detailed as possible in your descriptions.

Please include a photo of your nominee with your nomination submission.

The deadline for nominations is Friday, May 1, 2026.

Nominating CRP: _____

Contact Name: _____

Address: _____

City, State & Zip: _____

Contact Email: _____

Contact Telephone: _____

Nominee name: _____

Nominee has been with the company this long: _____

State Use contract that the employee works on:

Please include the city(s) and facility(s) where the employee works:

Describe your nominee's weekly work schedule, including days of the week and total hours worked:

Describe your nominee's job responsibilities:

Nominee has shown leadership in these areas of responsibility:

Has this job helped your nominee to become more independent? If so, how?

Was the nominee employed prior to beginning work with your organization? If so, in what type of position?

I nominate this employee for the following reasons:

Is there anything else that you feel is important for us to know about your employee:

Additional information from your nominee:

“I like my job because _____

“My paycheck helps me to _____

Will your Artie Lee Hinds nominee be attending the dinner?*

- Yes, he/she will be attending
- No, he/she will not be attending

*Please note that nominees are not required to be present at the Awards Dinner to be recognized. However, if you are notified in advance that your nominee has been selected as a top award recipient, the nominee must be in attendance to accept the award.

Deadline: Friday, May 1, 2026

Please submit all nominations to Melanie MacDonald via online submission or email:

WorkQuest
Attn: Melanie MacDonald
1011 East 53 ½ Street
Austin, Texas 78751
Phone: 512-451-8145 | Email: mmacdonald@workquest.com

**Authorization Allowing WorkQuest to Use Written Information,
Photographs, Film or Videotape on Its Website and in Corporate Publications**

I understand that WorkQuest is the Central Nonprofit Agency under contract with the Texas Workforce Commission. WorkQuest is tasked with taking steps to further the State of Texas' policy of assisting persons with disabilities to achieve maximum personal independence by engaging in productive employment. I personally benefit from their efforts and am signing this document to assist them in their goal of expanding and improving the State Use Program. I and/or my family member is a participant in the State Use Program.

I specifically authorize WorkQuest, its agents, servants, employees and contractors to use and/or disseminate written, photographic and video media about me and my family on its website and in corporate publications.

I understand and agree that the utilized information, regardless of type, is the sole property of WorkQuest. I further understand and agree that publications bearing my name, image, likeness, voice, and/or story may be placed on the Internet and/or be utilized in corporate publications. I specifically relinquish any claim for any type of royalty or other compensation for the use of this information.

I specifically state that I am not under any pressure or duress to sign this document. I have not been promised or offered anything else to encourage me to sign this authorization.

The State Use Program provides me with employment opportunities.

Printed Name of Subject

Signature

CRP/Agency

Date