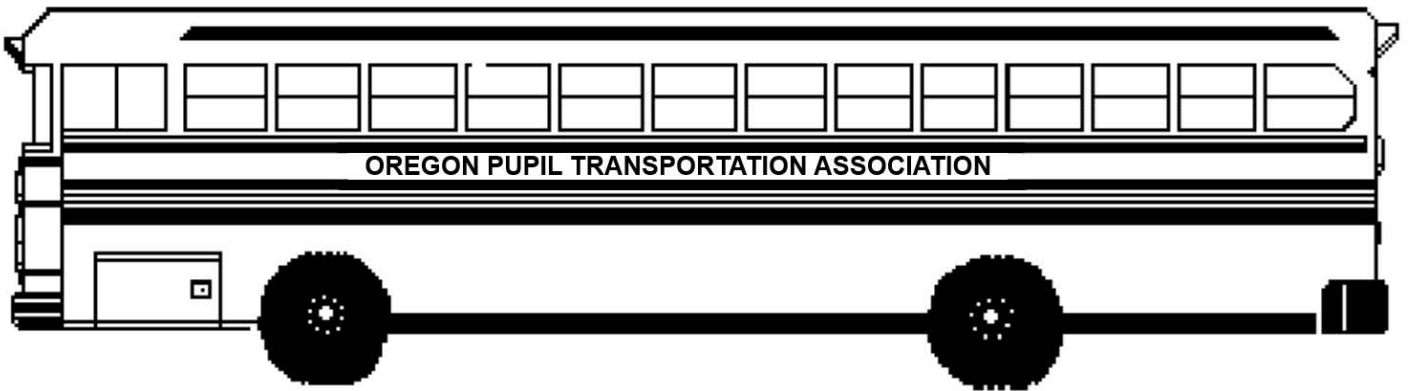


# 2024 STATE AWARDS APPLICATIONS



**SPONSORED BY**



**OREGON PUPIL TRANSPORTATION ASSOCIATION**

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## **INTRODUCTION**

The Oregon Pupil Transportation Association established the awards program as a means of recognizing those individuals within the state who have presented an image that is beyond the day-to-day performance of their duties. Please consider these qualities: leadership abilities, safety, integrity, attitude, cooperation, contributions, and commitment to student transportation and OPTA.

The Jack Sperr Training Award/Grant is designed to benefit the training of drivers, support staff, mechanics/technicians, and/or supervisors.

All nominations must be sent to the Past President of OPTA by the deadline indicated on each award.

### **Please send all nominations/applications to:**

Chris Ellison  
Reynolds SD Transportation  
1204 NE 201st Ave  
Fairview, OR 97024  
[cellison@rsd7.net](mailto:cellison@rsd7.net)



# Ron Bryan OPTA Service Award Application

The Ron Bryan OPTA Service Award is intended as recognition for selfless individual achievement. This award acknowledges and celebrates exemplary leadership that has a significant and positive impact on a student, a school system and/or a community of learners. The nominee will be required to have served in a leadership role within OPTA and also have a recognized record of successful achievement in improving the organization.

### AWARD ELEGIBILITY REQUIREMENTS:

1. Must have been a member of OPTA for a minimum of 5 years.
2. Must have substantive participation and leadership in OPTA, including committees, work groups, mentoring activities, etc.
3. Must have impact on, and engaging others in the profession of school transportation.
4. Must have contributions considered to have had an impact on the OPTA community and/or broader education community.
5. Must be, or have been, directly associated with ensuring safe and effective student transportation.

Thank you for nominating an individual deserving of the honor of the Ron Bryan OPTA Service Award. The committee's selection will be made from the information you provide. The recipient of this award will be honored at the OPTA Annual Awards event held during the State Summer Conference.

### NOMINEE INFORMATION

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

### EMPLOYMENT RECORD

TOTAL YEARS WORKING IN STUDENT TRANSPORTATION: \_\_\_\_\_ TOTAL YEARS IN CURRENT POSITION: \_\_\_\_\_  
RESPONSIBILITIES:  
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 \_\_\_\_\_  
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LEADERSHIP CONTRIBUTIONS:  
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### WHY ARE YOU NOMINATING THIS PERSON? AWARD RATIONALE

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### APPLICANT INFORMATION

NOMINATED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 DATE: \_\_\_\_\_ OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

***Please comment in all areas. Attach additional information to application if necessary***  
**AWARD APPLICATION MUST BE RECEIVED BY: May 10, 2024**



# Randy Schetky Transportation Supervisor of the Year Award Application

Please nominate an individual who should be recognized for their outstanding contribution to Student Transportation. Your selection should be someone you are proud to support in receiving this honor. Please consider these qualities: **Leadership Abilities, Commitment to Safety, Integrity, Attitude, Cooperation, and Commitment to Student Transportation.**

### **Award Eligibility Requirements:**

1. Must be involved directly with student transportation in a supervisory position
2. Must have made a significant contribution to student transportation
3. Must be recognized by others as a positive reflection to student transportation

Thank you for nominating an individual deserving of the honor as the Oregon Transportation Supervisor of the Year. The committee's selection will be made from the information you provide. The recipient of this award will be honored at the OPTA Annual Awards event held during the State Summer Conference.

### **NOMINEE INFORMATION**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

### **EMPLOYMENT RECORD**

TOTAL YEARS WORKING IN STUDENT TRANSPORTATION: \_\_\_\_\_ TOTAL YEARS IN CURRENT POSITION: \_\_\_\_\_  
RESPONSIBILITIES:  
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CONTRIBUTIONS TO DEPARTMENT:  
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### **WHY ARE YOU NOMINATING THIS PERSON? AWARD RATIONALE**

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### **APPLICANT INFORMATION**

NOMINATED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 DATE: \_\_\_\_\_ OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

***Please comment in all areas. Attach additional information to application if necessary***  
**AWARD APPLICATION MUST BE RECEIVED BY: May 10, 2024**



# Marlan Rohlena School Bus Driver Trainer of the Year Award Application

Please nominate an individual who should be recognized for their outstanding contribution to Student Transportation. Your selection should be someone you are proud to support in receiving this honor and OPTA can be proud to represent as a professional School Bus Driver Trainer for the State of Oregon.

### **Award Eligibility Requirements:**

1. Must hold a current Oregon School Bus Driver Certificate
2. Must hold a current Oregon School Bus Driver Trainer Certificate and actively provide Behind-The-Wheel instruction
3. Must be recognized by others as a positive reflection to student transportation and Driver Training

Thank you for nominating an individual deserving of the honor as the Oregon School Bus Driver Trainer of the Year. The committee's selection will be made from the information you provide. The recipient of this award will be honored at the OPTA Annual Awards event held during the State Summer Conference.

### **NOMINEE INFORMATION**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

### **EMPLOYMENT RECORD**

TOTAL YEARS WORKING IN STUDENT TRANSPORTATION: \_\_\_\_\_ TOTAL YEARS IN CURRENT POSITION: \_\_\_\_\_  
RESPONSIBILITIES:  
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CONTRIBUTIONS TO DEPARTMENT and/or DRIVER TRAINING:  
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### **WHY ARE YOU NOMINATING THIS PERSON? AWARD RATIONALE**

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### **APPLICANT INFORMATION**

NOMINATED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 DATE: \_\_\_\_\_ OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

***Please comment in all areas. Attach additional information to application if necessary***  
**AWARD APPLICATION MUST BE RECEIVED BY: May 10, 2024**



# Oregon School Bus Driver of the Year Award Application

Please nominate an individual who should be recognized for their outstanding contribution to Student Transportation. Your selection should be someone you are proud to support in receiving this honor and OPTA can be proud to represent the professional image of School Bus Drivers in the State of Oregon.

### **Award Eligibility Requirements:**

1. Must hold a current Oregon School Bus Driver Certificate
2. Must drive a school bus on a daily basis
3. Must be recognized by others as a positive reflection to student transportation

Thank you for nominating an individual deserving of the honor as the Oregon School Bus Driver of the Year. The committee's selection will be made from the information you provide. The recipient of this award will be honored at the OPTA Annual Awards event held during the State Summer Conference.

### **NOMINEE INFORMATION**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

### **EMPLOYMENT RECORD**

TOTAL YEARS WORKING IN STUDENT TRANSPORTATION: \_\_\_\_\_ TOTAL YEARS AS SCHOOL BUS DRIVER: \_\_\_\_\_  
RESPONSIBILITIES:  
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CONTRIBUTIONS TO DEPARTMENT:  
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### **WHY ARE YOU NOMINATING THIS PERSON? AWARD RATIONALE**

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### **APPLICANT INFORMATION**

NOMINATED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 DATE: \_\_\_\_\_ OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

***Please comment in all areas. Attach additional information to application if necessary***  
**AWARD APPLICATION MUST BE RECEIVED BY: May 10, 2024**



# Buck Klemm Special Needs Transportation Award Application

Please nominate an individual who should be recognized for their outstanding contribution in the area of Special Needs Education/Student Transportation. Your selection should be someone you are proud to have representing the professional image that is demonstrated throughout Oregon in all areas of pupil transportation. Please consider these characteristics: **high standard in all areas of the job responsibilities, with sensitivity and understanding in the field of transporting students with special needs.**

### Award Eligibility Requirements:

1. Must have made a significant contribution to pupil transportation in the area of Special Needs
2. Must be recognized by others as a positive reflection in the area of Special Needs Transportation

Thank you for nominating an individual deserving of the honor of the Buck Klemm Award. The committee's selection will be made from the information you provide. The recipient of this award will be honored at the OPTA Annual Awards event held during the State Summer Conference.

### NOMINEE INFORMATION

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

### EMPLOYMENT RECORD

TOTAL YEARS WORKING IN STUDENT TRANSPORTATION: \_\_\_\_\_ TOTAL YEARS IN CURRENT POSITION: \_\_\_\_\_  
RESPONSIBILITIES:  
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CONTRIBUTIONS TO DEPARTMENT and/or SPECIAL NEEDS:  
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### WHY ARE YOU NOMINATING THIS PERSON? AWARD RATIONALE

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### APPLICANT INFORMATION

NOMINATED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 DATE: \_\_\_\_\_ OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

***Please comment in all areas. Attach additional information to application if necessary***  
**AWARD APPLICATION MUST BE RECEIVED BY: May 10, 2024**





# Doug Flatt Administrative Support Staff of the Year Award Application

Please nominate an individual who should be recognized for their outstanding contribution to Student Transportation. Your selection should be someone you are proud to support in receiving this honor. Please consider these qualities: **Leadership Abilities, Commitment to Safety, Integrity, Attitude, Cooperation, Contributions, and Commitment to Student Transportation.**

### Award Eligibility Requirements:

1. Must be involved directly with student transportation in an administrative support position (Routing, Dispatching, Clerical, etc.)
2. Must have made a significant contribution to student transportation
3. Must be recognized by others as a positive reflection to student transportation

Thank you for nominating an individual deserving of the honor as the Oregon Administrative Support Staff of the Year. The committee's selection will be made from the information you provide. The recipient of this award will be honored at the OPTA Annual Awards event held during the State Summer Conference.

### NOMINEE INFORMATION

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

### EMPLOYMENT RECORD

TOTAL YEARS WORKING IN STUDENT TRANSPORTATION: \_\_\_\_\_ TOTAL YEARS IN CURRENT POSITION: \_\_\_\_\_  
RESPONSIBILITIES:  
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CONTRIBUTIONS TO DEPARTMENT:  
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### WHY ARE YOU NOMINATING THIS PERSON? AWARD RATIONALE

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### APPLICANT INFORMATION

NOMINATED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 DATE: \_\_\_\_\_ OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

**Please comment in all areas. Attach additional information to application if necessary**  
**AWARD APPLICATION MUST BE RECEIVED BY: May 10, 2024**



# Oregon Mechanic/Technician of the Year Golden Wrench Award Application

Please nominate an individual who should be recognized for their outstanding contribution to Student Transportation. Your selection should be someone you are proud to support in receiving this honor. Please consider these qualities: **Leadership Abilities, Commitment to Safety, Integrity, Attitude, Cooperation, Contributions, and Commitment to Student Transportation.**

**Award Eligibility Requirements:**

1. Must be involved directly with student transportation in a mechanic/technician role
2. Must have made a significant contribution to student transportation
3. Must be recognized by others as a positive reflection to student transportation

Thank you for nominating an individual deserving of the honor of the Golden Wrench Award. The committee's selection will be made from the information you provide. The recipient of this award will be honored at the OPTA Annual Awards event held during the State Summer Conference.

### NOMINEE INFORMATION

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

### EMPLOYMENT RECORD

TOTAL YEARS WORKING IN STUDENT TRANSPORTATION: \_\_\_\_\_ TOTAL YEARS IN CURRENT POSITION: \_\_\_\_\_  
RESPONSIBILITIES:

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 \_\_\_\_\_  
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CONTRIBUTIONS TO DEPARTMENT:  
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### WHY ARE YOU NOMINATING THIS PERSON? AWARD RATIONALE

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### APPLICANT INFORMATION

NOMINATED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 DATE: \_\_\_\_\_ OPTA CHAPTER AFFILIATE:                      NORTHWEST                      SOUTH WILLAMETTE

**Please comment in all areas. Attach additional information to application if necessary**  
**AWARD APPLICATION MUST BE RECEIVED BY: May 10, 2024**



# Jack Sperr Training Award/Grant Application

**Award Criteria:**

1. The OPTA Awards Committee will determine how many awards will be granted.
2. No award will be presented if applicants do not meet criteria.
3. Applicants will submit grant applications stating the purpose of the request and how it will improve training in their operation.
4. The award may be used to benefit the training of drivers, support staff, mechanics/technicians, or supervisors.
5. A detailed description of how the money will be used must be included in the grant application.
6. Awards will only be made to districts, contractors, or other transportation entities. Awards will not be presented to individuals.
7. OPTA Chapters and ODE are not eligible for this award.
8. The OPTA Executive Secretary, at the direction of the President, will directly reimburse vendors or suppliers who provide goods or services for this award.
9. This award/grant will be presented at the OPTA Annual Awards event held during the State Summer Conference.
10. A follow-up summary is required that provides information on how successful the grant program was.

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
 WORK ADDRESS, CITY, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 EMPLOYED BY: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 OPTA CHAPTER AFFILIATE:      NORTHWEST      SOUTH WILLAMETTE

**PROGRAM OUTLINE, GOALS, PROJECTED OUTCOME**

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

**IMPACT OF AWARD**

NUMBER OF POTENTIAL PEOPLE THE TRAINING WILL REACH: \_\_\_\_\_ NUMBER OF YEARS THE TRAINING WILL BE AVAILABLE: \_\_\_\_\_  
 EXPLAIN HOW YOUR APPLICATION/PROGRAM MEETS A LOCAL OR STATEWIDE NEED:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CREATIVITY**

EXPLAIN HOW YOUR PROGRAM IS SIMILAR OR DIFFERENT FROM OTHER PROGRAMS IN THE STATE:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DEMONSTRATION OF ABILITY TO PERFORM**

EXPLAIN THE NUMBER OF TRAINING PROGRAMS YOU HAVE PERFORMED/COMPLETED THAT DEMONSTRATE YOUR ABILITY TO ACCOMPLISH /COMPLETE THIS GRANT:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUMMARY REPORT**

EXPLAIN HOW AND WHEN YOU WILL REPORT TO THE OPTA BOARD OF DIRECTORS STATISTICAL OR OTHER INFORMATION GATHERED AND PERSONS AFFECTED BY OR PARTICIPATED IN THE PROGRAM(S):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please comment in all areas. Attach additional information to application if necessary*

**AWARD APPLICATION MUST BE RECEIVED BY: May 10, 2024**