NOMINATION FORM

ADULT VOLUNTEER WORKING WITH YOUTH



NOTE: PLEASE INCLUDE A DIGITAL PHOTO OF THE PERSON BEING NOMINATED FOR USE AT THE AWARDS SHOW

ENSURE TO READ CRITERIA FOR THIS NOMINATION PRIOR TO COMPLETION

THE	NOMINEE (PLEASE PRINT OR TYPE)		
NAME		TELEPHONE#	
		POSTAL CODE	
EMAI	L		
DESC	RIBE VOLUNTEER EFFORTS		
1.	Location worked		
	Type of contribution		
	Number of hours per week		
	Date started	Date finished	
	Comments on contribution		
2.	Location worked		
	Type of contribution		
	Number of hours per week		
	Date started	Date finished	
	Comments on contribution		
3.	Location worked		
	Type of contribution		
	Number of hours per week		
	Date started	Date finished	

	Comments on contribution		
4.	Location worked		
	Type of contribution		
	Number of hours per week		
	Date started	Date finished	
	Comments on contribution		
5.	Comments on nominee's volunteer e	fforts for entire calendar year.	
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NOTE	E: Maximum of two nominees per orga	nnization.	
THE	NOMINATOR		
NAM	E	TELEPHONE #	
ADDI	RESS		
EMAI	L		
NOM	INATING ORGANIZATION		
		DATE	