## Volunteers...the heart of the community!

## VOLUNTEER NOMINATION FORM CLARE RECREATION SERVICES

Deadline for submitting the nomination form: Friday, February 3rd, 2017

| Name of volunteer:  |                |                  |                       |                        |                     |
|---|----------------|------------------|-----------------------|------------------------|---------------------|
|   | (              | Please print n   | ame to appear o       | n volunteer's cert     | ificate)            |
| Language of certificate   | ☐ French       | ☐ English        |                       |                        |                     |
| Mailing address:  |                |                  |                       |                        |                     |
| (Im   | portant to inc | lude the full ma | niling address. A let | tter will be sent to n | ominated volunteer) |
| Telephone number:   |                |                  |                       |                        |                     |
| Organization:   |                |                  |                       |                        |                     |
|   |                | (please print ı  | name to appear o      | on volunteer's cert    | ificate)            |
| Has this individual been nominated by your group in the past 2 years? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$   |                |                  | □No                   |                        |                     |
| <b>Volunteer activities:</b> please describe in detail the activities of involvement which you feel qualifies the above stated individual for recognition. <b>This information is vital in order to help the Selection Committee to choose our Volunteer of the Year</b> . (Use extra pages if necessary) |                |                  |                       |                        |                     |
|   |                |                  |                       |                        |                     |
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| Please list other volunteer activities/groups that this person is involved in: |  |  |  |  |
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| Nominated by:  |  |  |  |  |
|  |  |  |  |  |
| Telephone number:  |  |  |  |  |
| Signature:   |  |  |  |  |

## **Please return this form to the Clare Recreation Services:**

Clare Recreation Services '/o Réanne Flynn P.O. Box 458 Little Brook, N.S. BOW 1Z0

Fax: 902-769-3713

E-mail: rflynn@munclare.ca



DEADLINE FOR SUBMITTING THIS FORM: FRIDAY, FEBRUARY 3<sup>rd</sup>, 2017 AT 4:30PM