2017 Man & Woman Volunteer of the Year Nomination Form

*DEADLINE IS March 2, 2018*

Please use this form to submit your nomination. You are encouraged to be as detailed as possible and may submit additional pages. If you would like to nominate more than one person you may make copies of this form. All questions on this form must be completely answered for the committee to judge each nomination. Please consider the following criteria:

1. Volunteer activities that directly benefit the Greater Baldwinsville Community
2. Volunteer activities for 2017 are especially important
3. Variety of community service or exceptional commitment to one organization

(Please check one)

Nominee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Man \_\_\_\_ Woman \_\_\_\_

Nominee’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_

1st Organization Nominee Volunteers for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Person’s Phone \_\_\_\_\_\_\_\_\_\_\_\_

Explanation of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Use more paper if necessary)*

Date of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Time Spent on this Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2nd Organization Nominee Volunteers for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Use more paper if necessary)*

Date of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Time Spent on this Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3rd Organization and so forth: (*Please use additional paper)*

Please return all information to: Baldwinsville Volunteer Center, 8 Mechanic Street, Baldwinsville, NY 13027

Or e-mail [bvillevolunteers@gmail.com](mailto:bvillevolunteers@gmail.com) FAX # 638-3251

If you have any questions please call Carmey Evans @ 638-0251