



VOLUNTEER OF THE YEAR AWARD

Nomination Form

Criteria:

The Nominee

- Must be a member of a 'Member Association' of the NSFHSA
- Must be a school volunteer
- Must exhibit an exemplary role in a volunteer capacity in their school

NOMINEE

Name: _____

Mailing Address: _____

Postal Code: _____

Telephone # (Day): _____ (Evening): _____

Email: _____

PLEASE ATTACH YOUR REASONS FOR THE MAKING THIS NOMINATION

It is helpful if you provide an up-to-date biographical sketch of the nominee, including dates of active participation, accomplishments, and special skills or abilities, which they exhibited while volunteering at their school. The nominator and the three supporters must sign this letter.

NOMINATOR

Name:

Mailing Address:

Postal Code: _____

Telephone # (Day): _____ (Evening): _____

Email: _____

Signature: _____ Date: _____

SUPPORTERS OF THE NOMINATION

(Must include two NSFHSA members and one school administrator)

1. Name:

Mailing Address:

Postal Code: _____

Telephone # (Day): _____ (Evening): _____

Email: _____

2. Name:

Mailing Address:

Postal Code: _____

Telephone # (Day): _____ (Evening): _____

Email: _____

SCHOOL ADMINISTRATOR

1. Name: _____

Mailing Address: _____

Postal Code: _____

Telephone # (Day): _____ (Evening): _____

Email: _____

Mail form to: NSFHSA
Volunteer of the Year Award
PO Box 28123 Tacoma
Dartmouth, NS
B2W 6E2

Or Email to: NSFHSApresident@gmail.com