**Volunteer Nominee**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone Number: |  |
| Email: |  |

**Nominating Individuals or Organizations - 2 Nominators are Required**

|  |  |
| --- | --- |
| Name of First Nominator (Individual or Organization):  |  |
| Address: |  |
| Phone Number: |  |
| Email: |  |

|  |  |
| --- | --- |
| Name of Second Nominator (Individual or Organization):  |  |
| Address: |  |
| Phone Number: |  |
| Email: |  |

**Declaration of Accuracy - to be Completed by the Nominator**

I have read the nomination rules, regulations and criteria and certify that they accurately describe my nominee’s volunteer work. I agree that my nominee’s voluntary work was not performed as a condition of salaried employment, or solely as a requirement of any educational or professional course. I also attest to the fact that the volunteer is aware and approves of this application.

|  |  |
| --- | --- |
| Signature: |  |
| Name (please print): |  |
| Date: |  |

**Nomination Package Checklist** - Please ensure you have included all required pieces of application package:

* Nomination Cover Sheet – completed and signed
* Statement of Nomination (maximum 2 pages) – please answer all nomination criteria questions
* Nominee Biography (maximum 250 words)

**All submissions must be received no later than February 13, 2024 by 4:30 pm to be considered for the 2024 Township of Puslinch Volunteer Appreciation Award.**

For more information please contact the Clerk’s Department at 519-763-1226 x 231 or admin@puslinch.ca

Personal information collected on this form is used for the purpose of sending correspondence relating to matters before Council. Your name, address, comments and any other personal information is collected and maintained for the purpose of creating a record that is available to the general public in a hard copy format and on the internet in an electronic format pursuant to Section 27 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M56, as amended. Questions about this form should be directed to the Clerk’s Department at 519-763-1226 x 5.

The Township of Puslinch is committed to providing accessible formats and communication supports for people with a disability. If another format would work better for you, please contact us for assistance at admin@puslinch.ca or 519-763-1226 x 5.