



# VOLUNTEER RECOGNITION PROGRAM

## VOLUNTEER OF THE MONTH NOMINATION

Name volunteer: .....

Name of organisation/s: .....

Contact details:

Address:.....Phone .....

*In nominating a volunteer Council will consider the following:*

- *length of volunteering (total years, or hours per week etc);*
- *volunteering across a variety of different areas;*
- *commitment to volunteering through adversity;*
- *rising above personal or special challenges to achieve volunteering goals;*
- *going beyond the call of duty or the extra mile in volunteering duties;*
- *impact of volunteering on the community (based on feedback from clients and/or community);*
- *volunteering commitments that span across Cabonne;*
- *building community capacity; encouraging others to volunteer or achieve their potential*

Person Nominating:.....

Contact phone number:.....

*To the best of my knowledge these details are accurate at the date of nomination. I understand the personal information disclosed on this nomination form will be used publicly.*

Signature: ..... Date .....

**IF POSSIBLE, PLEASE SUPPLY A PHOTOGRAPH OF NOMINEE**

