



Center for Independent Living of Northwest Florida, Inc.

**Nominations Form
“Volunteer of the Year Award”**

Purpose of Award: To recognize an individual who selflessly volunteers their time for the benefit of people with disabilities in our community.

Name of Nominee: _____ **Street Address:** _____

City, ST, Zip: _____ **Email:** _____

In 200 words or less, please describe the nominee’s volunteer service and how their service has benefited people with disabilities. Include information such as length of time as a volunteer, the number of hours volunteered and specific examples of volunteer work performed, outstanding accomplishments, project achievements and/or how their volunteerism has made a difference in the lives of people with disabilities. In addition, please indicate any other examples of this nominee’s efforts in terms of time and talent invested that demonstrates a spirit of volunteerism and community service (Attach additional sheets as necessary.)

Your Name:_____ **Title:**_____

Organization Name (if applicable): _____

Address:_____

Phone No:_____ **Email:** _____

RETURN FORM BY FRIDAY, JUNE 14, 2019

Please be advised the information you submit will be shared with members of the community both before, during and after the event.