

NOMINATION FOR THE ANGEL AWARD

INFORMATION ON CANDIDATE:

NAME:

Last	First	MI	Nickname (if used)
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Daytime Phone: _____ Evening Phone: _____

Complete Address _____

INFORMATION ON NOMINATOR

Name: _____ Rank ____ Mr. ____ Mrs. ____ Ms. ____

Last	First	MI
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Daytime Phone: _____ Evening Phone: _____

Complete Address: _____

REMINDER: PLEASE TYPE. DO NOT USE NOMINEE'S NAME IN THE WRITE-UP.

ANGEL AWARD NOMINATION

Why is this volunteer deserving of the "Angel Award"? Identify the projects and/or deeds the volunteer performed. Provide a synopsis of the volunteer's accomplishments and the community impact. This should be an act that sets this person apart as an angel to a person, a family, or group of people; for instance, creating a new service or resource in the community, doing something specifically to benefit a person or family during a crisis or with a special need, spearheading a response to a natural or man-made disaster, etc.