



**PORT WILLIAMS REPRESENTATIVE
VOLUNTEER AWARD
APPLICATION FOR 2020**



NOMINEE'S NAME: _____

CIVIC ADDRESS: _____

PHONE NUMBERS: Home: _____ Work: _____

EMAIL ADDRESS: _____

NOMINATED BY: _____

If an organization, give a contact name and phone number: _____

HISTORY OF VOLUNTEER WORK: (include; all organizations which this person was involved with, length of service, positions in organizations and any other information about Nominee's volunteer activities deemed appropriate) Use an additional sheet if necessary. *Please note that this award is bestowed only once to an individual or group.*

RETURN TO THE VILLAGE OFFICE: In Person: Office Hours 9am-1pm Mon-Friday OR Mail to: PO Box 153 Port Williams, NS BOP 1T0 OR Fax: 542-4566 OR E-Mail: villageoffice@ns.aliantzinc.ca

DEADLINE: FEBRUARY 13/2020