

# NSFHSA



## **Nova Scotia Federation of Home and School Associations Volunteer of the Year Award**

Volunteering is the most fundamental act of citizenship and philanthropy in our society. It is offering time, energy and skills of your own free will. Volunteers impact virtually every aspect of society. By celebrating the efforts of volunteers we create opportunities to raise awareness about the vital contribution you have made - and continue to make - to your community and society as a whole.

This award will be presented at the 75<sup>th</sup> Birthday Party at the K.C. Irving Centre, Wolfville on Friday, November 18m 2011

Criteria: The nominee

- ◆ Must belong to an association that have paid membership dues to NSFHSA
- ◆ Must be a parent/guardian
- ◆ Must exhibit an exemplary role in volunteer capacity in their school

Nomination form and accompanying documentaiton must be submitted by November 1, 2011.

The NSFHSA Board of Directors will make the final decision. All nominees will be recognized with a certificate of appreciation., but only one Volunteer of the Year Award will be given out annually.

Name of Nominee: \_\_\_\_\_

School Representing: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone # (Day) \_\_\_\_\_(Night) \_\_\_\_\_

Attach your reason for making this nomiantion. It is helpful if you provide an up-to-date biographical sketch of the nominee, including dates of active participation, accomplishments, and special skills or abilities, which they exhibited while volunteering oat their school. The nominator and the three supporters must sign this letter.

**Nominator:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supporters of this Nomination** (Please include two supporting signatures and one school administrator)

**Supporter #1 Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supporter #2 Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**School Administrator:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_