

# VOLUNTEER OF THE MONTH AWARD NOMINATION

## **Nominating Individual/Organization/Group**

(Please print name in full as this information will be communicated to the recipient)

Mailing Address

Telephone:

Fax:

Email:

**Name of Volunteer Nominated**

**In 250 words or less tell us why you would like to see your Volunteer recognized.**

Completed forms to be submitted to the Volunteer Selection Committee at the Town Administration Centre  
Mail to: Town of New Tecumseth, P.O. Box 910, 10 Wellington Street East, Alliston, ON L9R 1A1  
Fax to: 705-440-1170      Email to: [info@town.newtecumseth.on.ca](mailto:info@town.newtecumseth.on.ca)  
Telephone: 705-435-3900, Ext. 250 for additional information