2010 Youth Medal of Merit Nomination Form

Name of Volunteer: _____

Mailing Address: _____

Telephone: _____

E-Mail: _____

Length of Service: _____

Hours Per Week (average): _____

Describe Nominee's current (past year) community volunteer involvement (youth programs, charitable organizations, sport clubs etc.)

Please attach additional pages if required.

Nominator: _____

Mailing Address: _____

Telephone: _____

E-Mail: _____

Please share with us the nominee's character and attitude: _____

Why do you feel this nominee should be recognized for this award? _____

Other Comments: (please attach any other relevant information not covered in the application)

Submit Completed for to:

Lori Johnson, Director Community Services & Tourism
Municipality of Wawa
Municipal Offices or Community Centre
E-mail: ljohnson@wawa.cc
Phone: 705.856.2244 ext. 241
Fax: 705.856.1494