



**MUNICIPAL VOLUNTEER SERVICE  
RECOGNITION PROGRAM**

**NOMINATION FORM**

(Please Print or Type)

NOMINEE INFORMATION

FULL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Work \_\_\_\_\_

YEARS OF SERVICE: \_\_\_\_\_ years

NOMINATING ORGANIZATION INFORMATION

NOMINATING ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: Home \_\_\_\_\_ Work \_\_\_\_\_

IF YOU HAVE ANY QUESTIONS ABOUT COMPLETING THESE FORMS, PLEASE CONTACT:

Sharon R. Goerke, Clerk  
(705) 325-2315  
sgoerke@townshipofsevern.com

(Over)

