



## Nomination Form

Nominee's Name: \_\_\_\_\_

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

Civic Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

**\*\*\* Please Note: It is required that you inform the nominee prior to submitting the form.**

**Has the Nominee been advised of their nomination for this award?**       YES       NO

I, the undersigned, consent to having my photograph and volunteer accomplishments appear on the Region of Queens Municipality website and social media pages and acknowledge that I am aware of this nomination.

Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

Nomination Submitted By: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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

"The Ripple Effect" is about inspiration and affecting positive change in our community. Tell us why you were inspired to nominate this individual. Tell us a bit about what the person has done as a volunteer, what good this has done in the community, and others they have inspired. Don't hesitate to provide as much or as little detail as you'd like, as no contributions are too large or too small to be recognized! Please attach your letter to this form.

### Submit form and letter to:

Angela Green, Municipal Clerk  
Region of Queens Municipality  
PO Box 1264, 249 White Point Road  
Liverpool, NS, B0T 1K0  
Telephone: (902) 354-3453

Email: [agreen@regionofqueens.com](mailto:agreen@regionofqueens.com)

