



**TOOLE PEET**  
**INSURANCE**

# Community Hero Award

“Nominate a local hero  
in your Community”



The Federation of Calgary Communities, along with our proud sponsor Toole Peet, would like to recognize the many unsung heroes who make **OUTSTANDING** contributions by volunteering in their communities through their community association.

## Who can be nominated?

All individuals who contribute an **EXCEPTIONAL** amount of time volunteering and who your Community Association feels should be recognized for their contributions are eligible for our program.

## How to nominate:

Please complete the information on the reverse side and return to The Federation's office, either by mail (address shown below), or fax to 244-4129.

## What do they get?

- All nominees will receive a framed “Certificate” from the Federation to be presented at a time convenient for your Board.
- Each year all nominees will be entered into a draw for a special gift from Toole Peet presented at The Federation's Annual General Meeting.

## Who do you submit to?

Federation of Calgary Communities  
Suite 301, 1609—14 Street SW  
Calgary, AB T3C 1E4

PH: 244-4111

FX: 244-4129

Email: [fcc@calgarycommunities.com](mailto:fcc@calgarycommunities.com)

Website: [www.calgarycommunities.com](http://www.calgarycommunities.com)



# NOMINATION FORM

## Toole Peet Community Hero Award

DATE:



**TOOLE PEET**  
INSURANCE



THE \_\_\_\_\_ COMMUNITY  
ASSOCIATION

### NOMINEE

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

Please **PRINT** clearly—it is important to have the name correct on the Certificate

HM Address \_\_\_\_\_ PC \_\_\_\_\_

HM Phone \_\_\_\_\_ Cell # \_\_\_\_\_ WK \_\_\_\_\_

### VOLUNTEER CONTRIBUTION

(1) Length of Service: # \_\_\_\_\_ years volunteering for CA # \_\_\_\_\_ hours per month

(2) Current CA volunteer duties: \_\_\_\_\_  
\_\_\_\_\_

(3) Past CA volunteer service: \_\_\_\_\_  
\_\_\_\_\_

(4) Other volunteering time : \_\_\_\_\_  
\_\_\_\_\_

(5) Describe WHY you feel this individual should be recognized for this award \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If more space is required, please attach on a separate page*

### NOMINATOR

Name \_\_\_\_\_ Daytime PH \_\_\_\_\_

CA Position: \_\_\_\_\_ Cell # \_\_\_\_\_

**Presentation Information** (to be completed by CA)

Preferred Date: \_\_\_\_\_ Presentation Time: \_\_\_\_\_

Type of Function: \_\_\_\_\_ (AGM, Board Meeting, Special Event, etc)

<p><b>Federation Office Use</b> Confirmed Date &amp; Time with CA on _____ Confirmed Presenter(s) on _____ Presenter(s) are: _____</p>
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