

LloydSadd

COMMUNITY HERO AWARD



*Nominate a local hero
in your community!*



The Federation of Calgary Communities, along with our proud sponsor Lloyd Sadd Insurance, 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.

HOW DO I NOMINATE?

Please complete the information on the reverse side and return to The Federation's office by email, mail or fax (all listed below).

WHAT DO AWARD WINNERS RECEIVE?

All nominees will receive a framed award 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 Lloyd Sadd Insurance (formerly Toole Peet) presented at the Federation's Annual General Meeting in June.

WHO DO I SUBMIT TO?



Federation of Calgary Communities
Suite 110, 720—28 St NE Calgary, AB T2A 6R3
Phone: (403) 244-4111 Fax: (403) 244-4129
Email: fedyyc@calgarycommunities.com
www.calgarycommunities.com

Lloyd Sadd Community Hero Award NOMINATION FORM



LloydSadd



Date: _____

The _____ Community Association nominates
the following individual

NOMINEE:

First and Last Name: _____
Please **PRINT** clearly—it is important to have the name correct on the certificate

Phone: _____

Email: _____

VOLUNTEER CONTRIBUTION:

(1) Length of Service: _____ # of years volunteering for community association and _____ hours per month

(2) Current community association volunteer duties: _____

(3) Past community association volunteer service: _____

(4) Other volunteering roles: _____

(5) Describe WHY you feel this individual should be recognized for this award: _____

If more space is required, please attach a separate page

NOMINATOR:

First & Last Name: _____ Daytime Phone: _____

Community Association Position: _____

Presentation Information: (to be completed by community association)

Preferred Date: _____ Presentation Time: _____

Type of Function: _____ (AGM, Board Meeting, Special Event, etc.)

Federation Office Use Only:

Confirmed date & time with community association on _____

Confirmed Presenter(s) on _____

Presenter(s) are: _____