



PLEASE PRINT

## City of St. John's Building Healthy Communities VOLUNTEER AWARD APPLICATION

**Deadline: Fourth Friday in March**

### Eligibility Criteria and Nomination Requirements

### SECTION 1

The Building Healthy Communities Volunteer Award recognizes residents who have volunteered their time to support healthier environments within the City of St. John's. This award recognizes volunteers who are establishing healthier environments and enhancing the community by providing residents with the opportunity to lead healthier lives.

#### Eligibility Criteria:

1. This award is open to **all ages** and has three categories (Youth award; Community Group award; Adult/Senior award) but nominee(s) must be a resident of the City of St. John's.
2. All achievements reflected in the nomination must be voluntary/unpaid in nature.
3. Volunteer service must improve the quality of life and well-being of citizens based on how they contribute to one or several, of the following '**Healthy Community**' categories:
  - Healthy Neighbourhoods and People
  - Social and Community Connections
  - Environment and Sustainability
  - Transportation
  - Inclusion
  - Housing
4. Previous award recipients are not eligible for nomination.

#### Nomination Requirements:

1. Submission of fully completed nomination form by nominator.
2. One additional reference letter from someone other than the nominator. This cannot be a member of the Nominee's immediate family.
3. Nominator must discuss and receive approval from the nominee, to avoid multiple nominations for one individual.
4. Submit nomination form and reference letter by the deadline of: **the fourth Friday in March.**

#### Selection Process:

A Selection Committee from the City of St. John's will review all nominations and select a winner. All decisions will be final.

### Nominee Information (Please print)

### SECTION 2

Name: \_\_\_\_\_ Date of Birth (YY/MM/DD): \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

# ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA

**Information**

**SECTION 3**

1. Please list the type(s) of volunteer service this nominee has contributed to in the community in the past year. How long has this person or group been volunteering in this role?
  
2. Describe the demonstrated qualities, initiatives and community involvement of the nominee (include any outstanding work, achievements, news clips, supporting documents, photos, etc.)
  
3. Describe how the contributions of the nominee benefit the health and general well being of residents in the community based on their volunteer actions on one or several of the **'Healthy Community'** categories- as outlined on previous page.
  
4. Provide a real life example of how the nominee is working to build healthier environments through their volunteer actions based on their volunteer actions on one or several of the **'Healthy Community'** categories- as outlined on the previous page.

**Nominator Information**

**SECTION 4**

I have discussed and received approval from the nominee to submit this nomination application

Yes

Name: \_\_\_\_\_ Relationship to Nominee: \_\_\_\_\_

Nominating Group (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (Work): \_\_\_\_\_ (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_



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<b>CS- Healthy Communities Volunteer Award</b>		<b>Community Services</b>
<b>Application Information</b>		<b>SECTION 5</b>
<p>Please ensure the following:</p> <p><input type="checkbox"/> One additional reference letter is attached      <input type="checkbox"/> Nomination form is completed</p> <p><input type="checkbox"/> Any support documents are attached      _____ Number of included pages</p>		
<b>Privacy Notice</b>		<b>SECTION 6</b>
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed Supervisor of Family &amp; Leisure Services at 576-8020 or email <a href="mailto:healthycommunities@stjohns.ca">healthycommunities@stjohns.ca</a></p>		
<p><b>Please return completed forms to:</b> City of St. John's      Phone: (709)576-8628  Healthy Communities      Recreation Division      Fax: (709)576-8469  P.O. Box 908      Email:  St. John's, NL A1C 5M2      healthycommunities@stjohns.ca</p>		