

	CS – Volunteer Award	Community Services
	Volunteer Award Nomination Form	

Eligibility Criteria and Nomination Requirements	SECTION 1
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The City of St. John’s Volunteer Awards celebrate outstanding residents in two categories, Individual and Community Group, who generously give their time and talents to strengthen our community and make St. John’s a better place to live, learn, and play.

- Eligibility Criteria:**
- Nominee is eligible under one of two categories: Individual or Community Group.
 - Nominee is a resident of the City of St. John’s.
 - All achievements and contributions are voluntary and unpaid.
 - Previous award recipients are not eligible.
- Nomination Requirements:**
- Nominators must not be immediate family members of the nominee.
 - Prior to submission, nominators must inform the nominee of the nomination and obtain their consent to avoid duplicate submissions.
 - All sections of the nomination form must be fully completed by the nominator and include supporting details outlining the reason for nomination.

Nominee Information	SECTION 2
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Full Name _____

Address _____ City _____ Postal Code _____

Email _____

Documentation	SECTION 3
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1. Reason for Nomination (**Required**)

Nominators should explain why the nominee deserves the award, highlighting their volunteer contributions and the positive impact these have on the community. Include how the nominee demonstrates leadership, inclusivity, and community engagement, inspires others to volunteer, and contributes to improving the quality of life for residents while creating a meaningful and lasting impact on St. John’s.
2. Additional Information (**Optional**)

Nominators may include supporting materials such as impact data, media coverage, publications, a CV, or letters of support. Letters must not be from family members and should include the supporter’s name, phone number, email, and signature.

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Nominator Information	SECTION 4
Nominator Full Name _____ Relationship to Nominee _____ Phone _____ Email _____	
Nominator Declaration	SECTION 5
I acknowledge that the nominee meets the eligibility criteria and is aware of this nomination. I also confirm that all required documentation, as indicated, has been attached. Nominee information Nominator Information Reason for Nomination Additional Information (Optional)	
If this is a posthumous nomination, a family member’s signature is required below.	
Family Member Full Name _____ Relationship to Nominee _____ Phone _____ Signature _____ Date _____	
Privacy Notice	SECTION 6
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 to Supervisor of Community Programs & Services by emailing volunteer@stjohns.ca	
Please send completed applications to:	City of St. John’s- Department of Community Services Phone: 709-576-8630 Email: volunteer@stjohns.ca