



ADELAIDE VOLUNTEER AWARDS NOMINATION FORM

A. Nominated Volunteer

Family Name:

Given Name:

Address:

Postcode:

Phone:

Email:

Nominated Category:

I,

(please print name) accept this nomination.

Signature of Volunteer:

Date:

If nominee is under 18 years Parent or Guardian signature is required

Parent/Guardian:

Signature:

B. Nominator

Nominating Organisation:

Name of Nominating Person:

Signature:

Date:

Address:

Postcode:

Phone:

Email:

C. Secunder

Name of Secunder:

Signature:

Date:

Address:

Postcode:

Phone:

Email:

Categories (please select one)

- | | |
|--|--|
| <input type="checkbox"/> MP's Volunteer of the Year | <input type="checkbox"/> Long-term Commitment to Community Service Award |
| <input type="checkbox"/> Junior Volunteer Award (17 and under) | <input type="checkbox"/> Business Volunteer Award |
| <input type="checkbox"/> Young Volunteer Award (18 - 25) | <input type="checkbox"/> Innovation in Volunteering Award (organisation or individual) |
| <input type="checkbox"/> Education Award | <input type="checkbox"/> New Organisation Award |
| <input type="checkbox"/> Environment Award | <input type="checkbox"/> Emergency Volunteer Award |

D. Detail for Selection Criteria

Please answer the selection criteria questions number from 1 to 4 in a written statement. Each of the selection criteria should be addressed and should be limited to a combined total of a maximum 750 words. **Please attach the statement to this completed nomination form.**

When answering the questions, it is important to note the following:

- give supporting information where possible when addressing each criterion.
- all claims, details and nomination forms are subject to authentication by the Judging Panel.
- the details provided to support nominations will be kept in the strictest confidence and will be returned to the nominee, on request, after completion of the selection process.

1. Scope of the work *(Please describe the nature of the volunteer work the nominee/s is/are undertaking. For example, is it confined to one task or a range of tasks?)*

2. Impact of the work on the community *(Describe how the work impacts on the community, for example, whether it meets an unmet need and how it benefits the community)*

3. Amount of time dedicated *(Please specify in terms of approximate hours per week, or month etc)*

4. Effort required *(Is it overcoming obstacles such as time constraint; traveling long distances to volunteer; a disability; dangerous work; or the volunteer's health - working with assistance or alone, difficult environment)*

E. Background Statement

Please provide a statement outlining the individuals's details including family, work and other relevant circumstances. **Please attach the statement to this completed nomination form.**

F. Privacy Statement

Your personal information is being collected by your Member of the house of Representatives to allow a panel of three judges, chaired by that Member, to consider nominations for IYV+10 National Volunteer Awards and select winners.

Your personal information will only be used by the panel to select award recipients and will not be used or disclosed for any other purposes. The information will be destroyed no later than 6 months after receipt.

G. Other information

Completed nominations need to be sent to Kate Ellis MP, Federal Member for Adelaide, 161 Main North Road NAILSWORTH SA 5083, by COB **Friday 11 November 2011**.

All nominations will receive an invitation to attend a local award ceremony to announce the winners in the above categories. All other nominees will receive a Adelaide Volunteer Award to recognise their contribution to our local community.

Kate Ellis MP
Federal Member for **Adelaide**

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Email: kate.ellis.mp@aph.gov.au

Address: 161 Main North Road, NAILSWORTH SA 5083

Web: www.kateellis.com.au

