



Nomination Form

Name of Nominee

The category for which the named individual is being nominated (check one):

Awards of Service

- | | |
|--|--|
| <input type="checkbox"/> Arts/Culture | <input type="checkbox"/> Community Inclusion |
| <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Volunteerism |
| <input type="checkbox"/> Compassion | <input type="checkbox"/> Civic Pride |
| <input type="checkbox"/> Environment | |

Awards of Excellence

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Heart of Medicine Hat | <input type="checkbox"/> Change Maker |
|--|---------------------------------------|

Awards of Achievement (ongoing)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Arts/Culture | <input type="checkbox"/> Sports/Recreation |
|---------------------------------------|--|

Checklist of Required Information (maximum 10 pages):

- A completed nomination form
 - A letter of support from the nominator (2 pages maximum)
 - A brief biography / resume of nominee (3 pages maximum)
 - A high quality digital image of the nominee (required)
 - Other (please specify):
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1. Provide a brief description of the contributions this individual has made to the community (list the years in chronological order).

2. Describe how this individual's contribution has enhanced the quality of life in the City of Medicine Hat.

3. List any additional awards, recognition or certificates of achievement previously received by the individual.

4. List any additional outstanding contributions by the individual.

Note: Nominator is welcome to attach a separate sheet of paper if more space is required to complete the following questions.

Nominee

Address (including postal code):

Daytime Phone Number:

Email Address:

Nominator (must be a resident of the City of Medicine Hat)

Name:

Address (including postal code):

Organization:

Daytime Phone Number:

Email Address:

Nominator Declaration

I, _____, the nominator, verify that to the best of my knowledge, that the information provided is correct and agree to the Community Spirit Awards Terms & Conditions.

Nominator signature

Nominee Declaration

I, _____, the nominee, am aware of this nomination. I agree to participate in the awards ceremony and to have the information included in this nomination form communicated publicly if selected.

Nominee signature

Completed nomination forms must be submitted by 4:30 pm on Friday, May 31, 2019, addressed or dropped off to:

2019 Community Spirit Awards
c/o Corporate Communications
Second Floor, City Hall
580 First Street SE
Medicine Hat, Alberta T1A 8E6

Via email to corpcomm@medicinehat.ca
(PDF format with the subject heading: 2019
Community Spirit Awards)

Pursuant to s. 33 (c) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an operating program of the City of Medicine Hat. Questions regarding the collection and use of personal information can be directed to the FOIPP Head of Local Body at 403 529 8234.