

	<b>CS – Volunteer Award Application</b>	<b>Community Services</b>
	<b>City of St. John's Volunteer Award Application</b>	



Eligibility Criteria and Nomination Requirements	<b>SECTION 1</b>
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The City of St. John's Volunteer Awards recognize residents in 3 categories (Youth; Adult/Senior; Community Group) who have volunteered their time to make our city a better place for all to live, work, learn and play.

- Eligibility Criteria:**
1. Nominees fall under three categories (Youth; Adult/Senior; Community Group).
  2. Nominee(s) must be a resident of the City of St. John's.
  3. All achievements reflected in the nomination must be voluntary/unpaid in nature.
  4. The volunteer service must improve the quality of life and well-being of citizens based on their contribution to one or several **'Healthy Community'** categories:
    - Healthy Neighbourhoods and People
    - Social and Community Connections
    - Environment and Sustainability
    - Transportation
    - Inclusion
    - Housing
  5. Previous award recipients are not eligible for nomination.
- Nomination Requirements:**
1. Nominator must discuss and receive approval from the nominee, to avoid multiple nominations for one individual.
  2. Submission of fully completed nomination form by nominator.
  3. One reference letter from someone other than the nominator. This cannot be a member of the Nominee's immediate family.

Nominee Information	<b>SECTION 2</b>
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Name \_\_\_\_\_ Date of Birth (YYYY/MM/DD) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_ Telephone (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Information	<b>SECTION 3</b>
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1. List the nominee type(s) of volunteer service. How long has this person/group been volunteering in this role?

Information continued

**SECTION 3**

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.

**Nominator Information**

**SECTION 4**

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

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

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

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (work) \_\_\_\_\_ (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email \_\_\_\_\_

**Application Information**

**SECTION 5**

Please ensure the following:

One reference letter is attached

Nomination form is completed

Any supporting documents are attached

Number of pages included \_\_\_\_\_

**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](mailto: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](mailto:volunteer@stjohns.ca)



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