



KAUKAUNA SERVICE ORGANIZATIONS VOLUNTEER OF THE YEAR NOMINATION

Name of Nominee: _____ Year Nominated: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Name of Nominating Organization: _____

Contact Person: _____

Telephone: _____

Describe the nominee's involvement, dedication, and noteworthy accomplishments and how this nominee has impacted the quality of life of our community (please attach another sheet if necessary).

