

882 **3YB**

MONAGHAN'S
PHARMACY

COAST **FM** 95.3
The Great South Coast

Volunteer

of the month award

Nomination Form

Entries to be sent to:

3YB/COAST FM

ATT Lindy Watson

PO Box 485, Warrnambool 3280

Or drop into

95 Timor Street, Warrnambool

882

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882 **BYB**

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1. Describe the applicant's volunteer work in two or three sentences.

2. List the name(s) of the organisation(s) and the length of time the volunteer has contributed.

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3. Name any achievements related to the applicant's volunteer work.

4. Describe the community benefits from the applicant's volunteer work.

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Nominee Contact Details

First Name: _____ Last Name: _____

Phone Number: (H) _____ (M) _____ (W) _____

Email: _____

Address: _____

Person Nominating Contact Details

First Name: _____ Last Name: _____

Phone Number: (H) _____ (M) _____ (W) _____

Email: _____

Address: _____

If you as the nominator wish to remain anonymous please tick here

To the best of my knowledge these details are accurate at the date of nomination.

I understand the personal information disclosed on this nomination will be used publicly.

Signature: _____ Date: _____