

**CLIFFORD E. PAINE VOLUNTEERISM AWARD
NOMINATION FORM**

Name of Candidate: _____

Address: _____

Street _____ City _____ State _____ Zip _____

Phone: _____

1. Is the candidate a graduate of the Fennville Public Schools? _____
If so, what was the year of graduation? _____

2. Briefly describe the type of volunteer activity or activities performed by the candidate:

3. What was the amount of time given by the candidate regarding this voluntary activity?

4. Where did the candidate volunteer his or her service? _____

5. When did the candidate volunteer his or her services: _____

6. Additional comments: _____

7. Contact person: _____ Phone: _____

8. Received by: _____ Date: _____