**Far West Local Health District & Pamela Lord OAM**

**Volunteer of the Year Award 2019**

**NOMINATION FORM**

**Agreement of the Nominee: ❑ Yes**

The Nominee and Team Leader must agree to this nomination, their image and story being used publicly including printed or electronic form by Far West LHD.

Submit completed entry by 10 May 2019 to the Community Engagement Manager, Far West LHD PO Box 457 Broken Hill NSW 2880 or by email darriea.turley@health.nsw.gov.au

**Award Category: ❑ Individual Volunteer ❑ Volunteer Team**

**Nominee:**

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| --- |
| Name of Volunteer:  |
| Team Only: Name of Team Leader: Number of Volunteers in Team: |
| Address: |
| Telephone Contact (W) (M) |
| Email address: |
| Area/Facility where volunteer/s are volunteering: |

**Word Limit – 200 words for each of the following questions: Total of 600 words.**

Describe the individual or team’s work and what makes it a significant or unique contribution?

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How their activity/s contributes to Far West LHD?

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Describe any other aspects of the volunteer/team’s work. Do their work extend outside Far West LHD; ie any community impact? Other volunteering roles they have in the community?

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I have attached a Photo of Nominee: **❑ Yes ❑ No**

**Reference:**

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| --- |
| Name: |
| Address: |
| Telephone Contact (work)  |
| Telephone Contact (mobile) |
| Email address: |

**Nominator Details:**

|  |
| --- |
| Name: |
| Address: |
| Telephone Contact (W) M) |
| Email address: |

**Please email your nomination to:** **darriea.turley@health.nsw.gov.au**