

HALIFAX REGIONAL CEREBRAL PALSY ASSOCIATION

R.W. MOULTON VOLUNTEER AWARD  
VOLUNTEER RECOGNITION NOMINATION FORM

Name of Volunteer: \_\_\_\_\_

Numbers of years volunteer has been with Association (if known) \_\_\_\_\_ Member Yes No

Positions, if any, volunteer has held with Association: \_\_\_\_\_

\_\_\_\_\_

Please provide us with some background information on the person you wish to nominate (i.e. family, hobbies, other volunteer work, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us why you think this person should receive this award. Give as much detail as you can, as the Selection Committee does not necessarily know this person:

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