



ORGANIZATIONAL NOMINATION FORM

YOUR ORGANIZATION/COMPANY _____

NAME _____

PHONE _____

EMAIL _____

ORGANIZATION YOU ARE NOMINATING _____

ORGANIZATION CONTACT _____

CONTACT PHONE _____

CONTACT EMAIL _____

Please select award category for nomination:

- SHINING STAR AWARD
- COMPASSION IN ACTION AWARD
- BEST VOLUNTEER MANAGEMENT PROGRAM
- BEST VOLUNTEER EVENT
- COLLABORATIVE EFFORT AWARD
- BEST MARKETING CAMPAIGN OR EVENT
- GRASSROOTS INITIATIVE OF THE YEAR
- INNOVATION AWARD



STAR AWARDS

Please use the space provided to explain the influencing factors for your nomination:

