



**Municipality of Shelburne
Recreation Department**

PO Box 280
Shelburne, NS
163 Hammond Street B0T 1W0
Phone: (902) 875-3544 ext. 225
Fax: (902) 875-1278
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VOLUNTEER RECOGNITION FORM
(Please Print)

Name of Volunteer: _____

Mailing Address: _____

Telephone #: _____ Email Address: _____

Occupation: _____

Hobbies: (Volunteer Activities - Description of Involvement) Use additional space on back if needed

Submitted By: (Organization) _____

Person(s) submitting: _____

Address: _____

Telephone #: _____ Email Address: _____ Date: _____

****Please return this nomination form to the Municipal Recreation Office at 136 Hammond Street before March 9th, 2006 for consideration for Provincial Recognition. Nominations received after March 9th, 2006 will be included for recognition at the local reception only.**