GLIDE FIRST CITIZEN ☆ NOMINATION

Nominee	name		phone #
mailing address			occupation
You	name		phone #
Your email address			

What does this person do for the Glide community?	(If your nominee does several community service activities, use a separate page for each one.)
Name of activity	

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Does this person receive any payment for this activity? Yes ☐   No ☐

How long has he or she been doing this?	Year started	Still doing it? Yes ☐ No ☐	If no, year ended
	P_^ you estimat^å the years? Yes ☐ No ☐		
How much time does he or she spend?	Hours per week	Weeks per year	Hours per year
	P_^ you estimat^å the time? Yes ☐ No ☐		

What impact does this have on the community?	# of people benefitting
Who benefits?	

P[_[_b@_^_[^}^-_Ñ

Tell us more. Does this person show unique contributions, talents, leadership, creativity, or selflessness?

Use the next page if necessary.

How do you know this information? (Worked with him/her? Related to him/her? Talked to someone? etc.)

Who can tell us more?	name		phone #

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If you run out of room on the form, continue here.

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