

**KAUKAUNA SERVICE ORGANIZATIONS  
VOLUNTEER OF THE YEAR NOMINATION**

Name of Nominee:\_\_\_\_\_ Yr. Nominated:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Telephone:( ) \_\_\_\_\_

Name of Nominating Organization:\_\_\_\_\_

Contact Person:\_\_\_\_\_

Telephone:( ) \_\_\_\_\_

Describe the nominee's involvement, dedication, and noteworthy accomplishments and how this nominee has impacted the quality of life of our community:

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Please attach another sheet if necessary.