

KENTVILLE VOLUNTEER RECOGNITION BRUNCH Saturday, April 6th 2019

Please complete and return before March 15th, 2019

Name of Nominee/orgar	nization/association/clu	b:	
Contact Person for your	organization/association	on/club:	<u> </u>
Phone Number:	Fax #:	E-mail:	
VOLUNTEER NOM	NEE INFORMATI	ON:	
Volunteer's Name:		Phone #	
Address:		Postal Code:	
Position held by volunte	er in this organization:		
by the nominee w	vithin your orgar on Department to cr	ary of the volunteer wo nization: (<i>This informatio</i> eate a Volunteer Bio that wi	n will be

history of positions held, years served and our nominee may have been involved with ganization:	

If you have any questions please contact Ashley Alders at the Kentville Parks and Recreation Department by phone at 679-2539 or by the email address listed below.

Please submit your forms to one of the following:

- 1. By email: recreation@kentville.ca
- 2. By Mail to: Ashley Alders
 Kentville Parks & Recreation
 354 Main Street
 Kentville, NS B4N 1K6
- 3. By Fax: (902) 679-2375