

SAVING OUR CHILDREN AND FAMILIES, INC.

2020UNSUNG HEROINES NOMINATION FORM

Nominations must be received by **DEADLINE DATE OF January 31, 2020 Please return forms to: COKEITHA GADDIST, P.O. BOX 373078, DECATUR, GA 30037**(678) 480-6781 Fax (404) 243-3727

Honor your volunteers/Heroine by nominating one or more to be recognized at the "Unsung Heroines" Awards Luncheon, April 26, 2020

NOMINEE INFORMATION:	
Individual Name/Title:	
Daytime Phone: Cell:	Other:
Address:	
If youth nominee, date of birth: VOLUNTEER ORGANIZATION OR PLACE WHERE VOLUNTEER SERVICE PERFORMED:	
Email Address:	
Agency Director or person in charge:	
Services provided by organization:	
Number of months or years nominee volunteered (Please specify) Number of hours per month Position at firm, agency or place volunteer service performed	
VERIFICATION : All reference information must be completed. Reference will be contacted to verify the nominee's activities and therefore, should be familiar with accomplishment for which the person is being nominated. Reference cannot include nominee, nominator or relative of the nominee.	
Reference Name:	Phone:
Address:	City/State/Zip:
NOMINATOR: (Please select ONE category)	
_ Education Health Community	EntertainmentBusiness

l. has p	Please describe the area that most exemplifies the outstanding work your Volunteer Nominee provided:
	MINEE INFORMATION (CONT'D) dual Name:
II. Wh	hat makes this nominee the ideal candidate to be a 2020 "Unsung Heroine"?
III. Li	ist Accomplishments in the community
IV. O	Overall impact on Society
V. W	/hat inspired you to nominate this person?
Nomi	inator's Signature:
Refer	rred by