



# IESMA EMERGENCY MANAGEMENT VOLUNTEER OF THE YEAR AWARD

## NOMINATION FORM

EMA/ESDA COORDINATOR MAKING NOMINATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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NAME OF VOLUNTEER: \_\_\_\_\_

AGENCY: \_\_\_\_\_

REASONS FOR NOMINATION (attach additional sheets if necessary):