



## Candidate Nomination Questionnaire

### Hamilton Relay 2019 Better Hearing and Speech Month Recognition Award

Due April 5, 2019 • PLEASE PRINT CLEARLY

**Objective:** To recognize an individual in each of Hamilton's contracted states who is hard of hearing, late-deafened or has difficulty speaking and who demonstrates strong leadership, volunteerism and involvement within his/her community.

Name of Candidate: \_\_\_\_\_

(Please note that this award is presented to one individual within your state each year. Organizations, schools, associations, groups of individuals and individuals who are deceased are not eligible for this award.)

Candidate's Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Please circle: Voice TTY CapTel VP Other \_\_\_\_\_

Email: \_\_\_\_\_

The candidate:  is hard of hearing     is late-deafened     has difficulty speaking

- How has the candidate been active and/or made an impact in his/her community? Please focus primarily on providing information pertaining to the volunteer efforts and accomplishments he/she has done outside of his/her career and/or regular job duties.
  
  
  
  
  
  
  
  
  
  
- List the complete names of associations, organizations, clubs or other activities in which your candidate has been involved. Include position(s) held, term length and any other pertinent details.



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- What are the strongest points about the candidate?

- Please list two references (other than yourself) and their contact information:

Reference #1: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Reference #2: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

- Please include your contact information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

(Please feel free to include additional information and/or attach additional pages as needed.)

*Thank you for submitting your nomination!*