

# VOLUNTEER RECOGNITION PROGRAM

People of all ages and backgrounds give their time, talents, gifts and hearts to improve the quality of community life and build a stronger and more cohesive community through volunteering.

Not-for-profit organisations and groups that provide community-based services within the Latrobe Council area are invited to self-nominate their organisation and up to five (5) individuals that have achieved specific hours of cumulative service for annual recognition.

This recognition will be made on Saturday during National Volunteer Week.

## ORGANISATION

Organisation: .....

Nominator's name: .....

Nominator's position in organisation: .....

Postal address: .....

Contact person: ..... Phone (BH): .....

Email address: .....

## NOMINATING YOUR ORGANISATION

Brief description of your organisation, including aims and functions:

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 .....  
 .....

Brief description of the activities performed by volunteers in your organisation (e.g. meals on wheels, gardening, school canteen, button selling etc.)

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 .....  
 .....

Please provide the names and contact numbers of a maximum of **two** representatives of your organisation that will represent your organisation and receive the Certificate -

Volunteer One Name:	Volunteer Two Name:

In signing this nomination, we confirm that -

1. We have spoken to the volunteers listed above and they are able to attend the presentation.
2. They and we have read and understood the Privacy Collection Notice overleaf.

Signature of President: ..... Signature of Secretary: .....

Name of President: ..... Name of Secretary: .....

Date: ..... Date: .....

Organisations may also nominate a maximum of five (5) individuals that have achieved the following cumulative milestones with their organisation in their service to the community of the Latrobe Council area -

- 500 hours of service;
- 1,000 hours of service;
- 2,000 hours of service; or
- Special service - 10 years of continuous service
  - 20 years of continuous service
  - 30 years of continuous service
  - 40 years of continuous service

*\* Paid roles in an organisation, by definition, are excluded from nomination as a volunteer.*

Individual nominees are required to sign their nomination form.

**PLEASE COMPLETE ONE PAGE PER INDIVIDUAL NOMINEE**

**NOMINATIONS MUST BE RECEIVED BY 1 MAY ANNUALLY**

Nominations received after this date will be held over to the following year.

Please forward the full nomination document to:

Volunteer Recognition Program  
Attention: Community Development Officer  
Latrobe Council  
PO Box 63  
LATROBE TAS 7307

If you have any questions, please contact the Community Development Officer at Latrobe Council on 03 6426 4444.

## PRIVACY COLLECTION NOTICE

*Latrobe Council (Council) is committed to protecting the personal information provided by you in accordance with the principles of the Personal Information Protection Act 2004 (PIPA Act). Personal information is collected by Council only for the purpose of Council's functions set out in the Local Government Act 1993. Specifically, personal information is collected to register and process applications under the Volunteer Recognition Program 2022 (Program). Personal information will be used solely by Council for that primary purpose or directly related purposes. If this personal information is not collected, Council will be unable to process this application. In certain circumstances, we may disclose personal information about you and nominees where permitted or authorised under the PIPA Act or other applicable law. The name and organisation of the nominees recognised under Program will be publicly available, including on the internet. If you would like to know more about privacy at Council, including your right to seek access to your personal information, contact Council on 64264444.*

# VOLUNTEER RECOGNITION PROGRAM

## NOMINEE 1

The nominated volunteer is invited to bring one significant other to the presentation function.

Title	First Name	Last Name

Nominee's Postal Address: .....

Nominee's phone (BH): ..... Mobile: .....

Email address: .....

Category nominated for (circle one only)

500 hours	1,000 hours	2,000 hours	10 years special service	20 years special service	30 years special service	40+ years special service
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## DETAILS OF VOLUNTEERING

Commencement date of volunteer? \* .....

*If day and/or month unknown, please choose the first day and/or month. For example, if a volunteer started in the year 2000 and the day and month is unknown choose 1/1/2000.*

Hours volunteered per week or month? \* .....

*Please include the number of hours and if these hours apply to a week or a month.*

Type of service provided? \* .....

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I, the person listed above, confirm that -

1. I consent to this nomination.
2. The above information is accurate.
3. I have read and understood the privacy statement detailed on page 2
4. I can attend the presentation on a Saturday morning during National Volunteer Week
5. The name of the guest attending the function with me is : .....

Signature of Nominee: .....

Date: .....

Please detail any dietary requirements: .....

## NOMINEE 2

The nominated volunteer is invited to bring one significant other to the presentation function.

Title	First Name	Last Name

Nominee's Postal Address: .....

Nominee's phone (BH): ..... Mobile: .....

Email address: .....

Category nominated for (circle one only)

500 hours	1,000 hours	2,000 hours	10 years special service	20 years special service	30 years special service	40+ years special service
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## DETAILS OF VOLUNTEERING

Commencement date of volunteer? \* .....

*If day and/or month unknown, please choose the first day and/or month. For example, if a volunteer started in the year 2000 and the day and month is unknown choose 1/1/2000.*

Hours volunteered per week or month? \* .....

*Please include the number of hours and if these hours apply to a week or a month.*

Type of service provided? \* .....

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I, the person listed above, confirm that -

1. I consent to this nomination.
2. The above information is accurate.
3. I have read and understood the privacy statement detailed on page 2
4. I can attend the presentation on a Saturday morning during National Volunteer Week
5. The name of the guest attending the function with me is : .....

Signature of Nominee: .....

Date: .....

Please detail any dietary requirements: .....

# VOLUNTEER RECOGNITION PROGRAM

## NOMINEE 3

The nominated volunteer is invited to bring one significant other to the presentation function.

Title	First Name	Last Name

Nominee's Postal Address: .....

Nominee's phone (BH): ..... Mobile: .....

Email address: .....

Category nominated for (circle one only)

500 hours	1,000 hours	2,000 hours	10 years special service	20 years special service	30 years special service	40+ years special service
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## DETAILS OF VOLUNTEERING

Commencement date of volunteer? \* .....

*If day and/or month unknown, please choose the first day and/or month. For example, if a volunteer started in the year 2000 and the day and month is unknown choose 1/1/2000.*

Hours volunteered per week or month? \* .....

*Please include the number of hours and if these hours apply to a week or a month.*

Type of service provided? \* .....

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I, the person listed above, confirm that -

1. I consent to this nomination.
2. The above information is accurate.
3. I have read and understood the privacy statement detailed on page 2
4. I can attend the presentation on a Saturday morning during National Volunteer Week
5. The name of the guest attending the function with me is : .....

Signature of Nominee: .....

Date: .....

Please detail any dietary requirements: .....

## NOMINEE 4

The nominated volunteer is invited to bring one significant other to the presentation function.

Title	First Name	Last Name

Nominee's Postal Address: .....

Nominee's phone (BH): ..... Mobile: .....

Email address: .....

Category nominated for (circle one only)

500 hours	1,000 hours	2,000 hours	10 years special service	20 years special service	30 years special service	40+ years special service
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## DETAILS OF VOLUNTEERING

Commencement date of volunteer? \* .....

*If day and/or month unknown, please choose the first day and/or month. For example, if a volunteer started in the year 2000 and the day and month is unknown choose 1/1/2000.*

Hours volunteered per week or month? \* .....

*Please include the number of hours and if these hours apply to a week or a month.*

Type of service provided? \* .....

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I, the person listed above, confirm that -

1. I consent to this nomination.
2. The above information is accurate.
3. I have read and understood the privacy statement detailed on page 2
4. I can attend the presentation on a Saturday morning during National Volunteer Week
5. The name of the guest attending the function with me is : .....

Signature of Nominee: .....

Date: .....

Please detail any dietary requirements: .....

## NOMINEE 5

The nominated volunteer is invited to bring one significant other to the presentation function.

Title	First Name	Last Name

Nominee's Postal Address: .....

Nominee's phone (BH): ..... Mobile: .....

Email address: .....

Category nominated for (circle one only)

500 hours	1,000 hours	2,000 hours	10 years special service	20 years special service	30 years special service	40+ years special service
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## DETAILS OF VOLUNTEERING

Commencement date of volunteer? \* .....

*If day and/or month unknown, please choose the first day and/or month. For example, if a volunteer started in the year 2000 and the day and month is unknown choose 1/1/2000.*

Hours volunteered per week or month? \* .....

*Please include the number of hours and if these hours apply to a week or a month.*

Type of service provided? \* .....

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I, the person listed above, confirm that -

1. I consent to this nomination.
2. The above information is accurate.
3. I have read and understood the privacy statement detailed on page 2
4. I can attend the presentation on a Saturday morning during National Volunteer Week
5. The name of the guest attending the function with me is : .....

Signature of Nominee: .....

Date: .....

Please detail any dietary requirements: .....