



Town of  
**SOUTH BRUCE PENINSULA**

Box 310, 315 George Street, Wiarton, Ontario N0H 2T0 Tel: (519) 534-1400 Fax: (519) 534-4862  
1-877-534-1400

January 2, 2018

**As we lose ourselves in the service of others we discover our own lives  
and our own happiness—Dieter F. Uchtdorf**

**2018 Volunteer Recognition**

Dear Organizations:

The Town is seeking to recognize individuals for outstanding volunteerism. If you know of such an individual who deserves special recognition please submit your nomination along with a brief biography to the Clerk's Department at Town Hall by April 1, 2018 at noon. Chosen individuals will be honoured at a spring barbeque.

You and members of your organization are also invited to attend the free 9<sup>th</sup> Annual Volunteer Barbeque taking place on May 17, 2018. The barbeque will run from 4:00 to 6:00 pm with the presentations to award recipients being held at 6:00 pm.

Volunteers within the Town of South Bruce Peninsula are all encouraged to attend this barbeque being held to bring attention and appreciation to the numerous volunteers within our community. If you wish to attend, barbeque tickets can be picked up at Town Hall. There is no charge or fee for volunteers that wish to attend but tickets must be picked up on or before May 4, 2018.

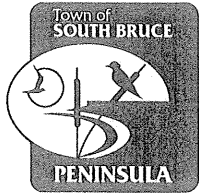
If you have any questions please do not hesitate to call or email me at (519) 534-1400 ext. 120 ([tsbpdepclerk@bmts.com](mailto:tsbpdepclerk@bmts.com)).

Sincerely,



*Cherry Wyonch*

Cherry Wyonch, CMO  
Deputy Clerk  
519-534-1400 Ext 120  
[tsbpdepclerk@bmts.com](mailto:tsbpdepclerk@bmts.com)



# The Corporation Of The Town of South Bruce Peninsula Volunteer Nomination Form

Name of individual being nominated: \_\_\_\_\_

Phone Number of individual being nominated: \_\_\_\_\_

Mailing address of individual being nominated:  
\_\_\_\_\_

Email address of individual being nominated:  
\_\_\_\_\_

## Contact information for organization nominating the individual:

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## This nomination submitted by:

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

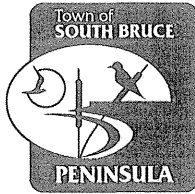
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Known nominee in the following capacity for \_\_ years. Signature: \_\_\_\_\_

Please submit a brief letter (less than 500 words) that describes the group's goals and activities and identify who benefits from the volunteer activities and why the person being nominated deserves to be recognized for their contributions.



## Update Your Organization's Information

We are updating our files and would appreciate if you could supply us with the correct information.

Name of Organization: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Organizational Email (if applicable):

\_\_\_\_\_

Website (if applicable):

\_\_\_\_\_

Contact Person:

\_\_\_\_\_

Contact Phone Number:

\_\_\_\_\_

Contact Email:

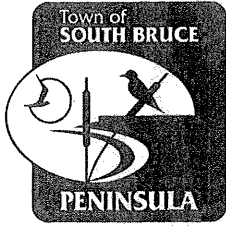
\_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_

Alternate Contact Email: \_\_\_\_\_

Thank you in advance for your help in updating our contact list.



## Consent to the Electronic Delivery of Documents

I \_\_\_\_\_ of \_\_\_\_\_  
(insert name) (insert organization)

am legally able to, and do, give express consent for the email address:

\_\_\_\_\_ to receive commercial electronic messages (CEMs), as  
(insert email address)

defined under the Canadian Anti-Spam legislation (CASL), from the Town of South Bruce Peninsula. I recognize that the CEMs will include information regarding the Volunteer Recognition Program and other Town initiatives, news and publications.

It is understood that this consent will apply to the email address which has been given and that I may opt out of receiving CEMS in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Town of South Bruce Peninsula Volunteer Dinner

Date: May 17, 2018

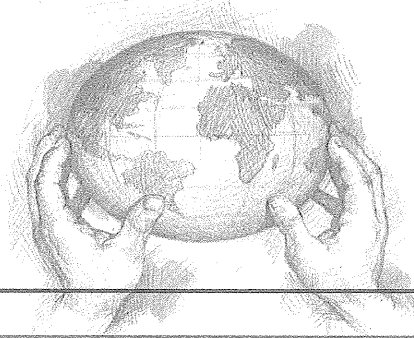
Location: Sauble Beach Community Centre

4:00-6:00 p.m.

Dinner

6:00 p.m.

Presentation to recipients



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### Ticket Order Form

Name:

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Address:

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Organization:

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Number of Tickets: \_\_\_\_\_