**Volunteer Award Nomination Form**

**WEST HOCKEY ASSOCIATION LIFETIME ACHIEVEMENT AWARD**

**Award Criteria**

The winner of this award will be recognised for their outstanding contribution to hockey in the West Region and is open to players, officials and coaches. They will demonstrate a commitment to volunteering and will have a particular enthusiasm and dedication to the sport. They will also have widened the opportunities for participation in hockey.

Please list any evidence of projects / areas they have worked on in hockey.

**Nomination Process**

Simply complete the form below and return it to us by email including any supporting information. Contact details for where to send completed forms and information is included at the end of this form.

Please note that the closing date for all nominations is **Sunday 5th April 2020.**

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| **NOMINEE DETAILS** |
| First Name |  |
| Surname |  |
| Address |  |
| Email  |  |
| Tel No |  |
| Club / County |  |
| Role within Club / County Committee / Region / Umpires Association |  |
| Please outline why this person deserves the ‘WEST HOCKEY ASSOCIATION LIFETIME ACHIEVEMENT AWARD’. Don’t forget to include all appropriate achievements as well as their successes and projects worked on (please ensure your nomination refers to the criteria). *(Please expand the boxes if necessary and / or add any additional evidence e.g. photographs, reports etc.)* |

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| **What are their achievements / successes?**Please include the impact this has had on the local community / hockey / the club / the County - i.e. more people playing hockey, successful investment into the sport / club / County, community links, more volunteers and coaches now involved. |
| **Projects they have worked on, please include their impact on hockey.** |
| **Additional information referring to the criteria of the Award.** |

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| **DETAILS OF THE PERSON NOMINATING** |
| First Name |  |
| Surname |  |
| Address |  |
| Email  |  |
| Tel No |  |
| Club |  |
| Your role within Club / County Committee / Region / Umpires Association |  |
| I hereby nominate *(nominees full name)* I confirm that to the best of my knowledge the details given in support of this nomination are accurate. I understand that the selection panel's decision is final and that no correspondence will be entered into.Signed: Date:  |

Top of Form



Bottom of Form

**To nominate:**

Please complete and return the form and any additional information to **Ms Glayne Price** at the following email address: **gprice@lhc.net**

The closing date for nominations is**Sunday 5th April 2020***.*

*Please note that all nominees must undertake their volunteering work at a West Hockey Association affiliated club, school or County group.*

*An independent selection panel will choose a winner of the award. The decision will be based on the information included in the nomination form.*