

Sitka Volunteer Award Nomination Form

Date: _____

Nominee: _____

Address: _____

Email: _____ Phone: _____

Nominee volunteers at: _____

Please list reasons for nomination: *(If you need more space, please attach a separate page.)* _____

***Volunteer awards will be presented at the Assembly Meeting
on the second Tuesday of the month.***

Your name: _____

Address: _____

Email: _____ Phone: _____

Return completed form to: Municipal Clerk's Office, City & Borough of Sitka,
100 Lincoln Street, Third Floor, Fax: 747-7403, Email: sara@cityofsitka.com