

NAMI ST. CLOUD AREA
2021 VOLUNTEER OF THE YEAR
NOMINATION FORM

Name of Person(s) being nominated: _____

Nominee's Address: _____

Nominee's Phone: _____

Nominee's Email: _____

Reason for Nomination: _____

Submitted by:

Your Name: _____

Your Address: _____

Your Phone: _____

Your Email: _____

Please return this form by September 15, 2021 to:
NAMI St. Cloud Area
P.O. Box 771
St. Cloud, MN 56302