



Candidate Nomination Questionnaire

Hamilton Relay 2019 Deaf Community Leader Award

Due August 12, 2019 • PLEASE PRINT CLEARLY

Nominations may be made in ASL by submitting a video to
Renate.Buttrum@HamiltonRelay.com

Objective: To recognize an individual in each of Hamilton's contracted states who is deaf or deaf-blind and who demonstrates strong leadership, volunteerism and involvement within his/her community.

Name of Candidate: _____

(Please note that this award is presented to one individual within your state each year. Organizations, schools, associations, groups of individuals and individuals who are deceased are not eligible for this award.)

Candidate's Address: _____

Phone #: _____

Please circle: Voice TTY CapTel VP Other _____

Email/Pager addresses: _____

The candidate: is deaf is deaf-blind

- How has the candidate been active and/or made an impact in his/her community? Please focus primarily on providing information pertaining to the volunteer efforts and accomplishments he/she has done outside of his/her career and/or regular job duties.

- List the complete names of associations, organizations, clubs or other activities in which your candidate has been involved. Include position(s) held, term length and any other pertinent details.



Candidate Nomination Questionnaire

- What are the strongest points about the candidate?

- Please list two references (other than yourself) and their contact information:

Reference #1: _____

Phone Number: _____

Email Address: _____

Reference #2: _____

Phone Number: _____

Email Address: _____

- Please include your contact information:

Name: _____

Phone Number: _____

Email Address: _____

(Please feel free to include additional information and/or attach additional pages as needed.)

Thank you for submitting your nomination!