



## Mayor's Community Service Awards Nomination Form

The power of community service is the power to change the world. Not just because it improves communities, but also because it changes the lives of those who participate. At the City of Ammon, we would like to inspire others to act, and would like to recognize and celebrate those who make a difference in our community.

This award is intended to recognize those Ammon citizens, non-profits, businesses or organizations which make a difference within the City of Ammon.

**A. Eligibility:** Any individual residing in Ammon, or non-profit, business or other organization operating in the City of Ammon is eligible for this award. City elected officials are not eligible.

**B. Other Criteria for Award:**

- a. The nominee's community service must have been done within the geographic boundaries of the City of Ammon, and
- b. The nominee must:
  - i. Have demonstrated a sustained commitment to our community;
  - ii. Have had a positive impact upon the direction and success of community projects, programs or individuals;
  - iii. Have made significant contributions to the community through involvement by giving many hours of personal time; or
  - iv. Have inspired others to serve and acts as a role model to those around them.

**C. Presentation:** Five award recipients will be recognized at a reception held at the Ammon City Building during a City Council Meeting.

### Nominator Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Nominee Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**Please answer the following questions about your nominee:**

Why would you like to nominate this individual or organization?

Outline the nominee's activities/accomplishments. Please include a clear and concise description of the achievements and overall impact of the nominee's service that qualifies them for the award.

How does the nominee positively impact the community?

Is there anything else you would like to say about the individual or organization you are nominating?

Is the nominee aware of this nomination? Yes  No

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your nomination!

*\*Please submit nomination forms to Kristina Buchan at 2135 S. Ammon Rd., Ammon, ID 83406 or to [kbuchan@cityofammon.us](mailto:kbuchan@cityofammon.us). For questions, please call 208-612-4010.*