**Life Membership Award**

**Nomination Form**

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| **Section 1: Details of Nominee** |
| **Full Name** |
| **Other names known by** |
| **Postal Address** |
| **Section 2: Details of Nominator** |
| **Full Name** |
| **Telephone Number** |
| **Email Address** |
| **Postal Address** |

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| **Section 3: Record of Service to Support Life Membership Award Nomination** |
| *Paid work may be included in any section, but voluntary contribution will take precedence. Please indicate clearly service that is paid work.* |
| **SPECIAL OLYMPICS CLUB INVOLVEMENT** |
| *Club Name* |
| *Please provide the event, dates and details:* |
| **SPECIAL OLYMPICS REGIONAL INVOLVEMENT** |
| *Please provide the event, dates and details:* |

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| **SPECIAL OLYMPICS NATIONAL LEVEL INVOLVEMENT** |
| *Please provide the event, dates and details:* |
| **SPECIAL OLYMPICS INTERNATIONAL LEVEL INVOLVEMENT** |
| *Please provide the event, dates and details:* |
| **OTHER INVOLVEMENT** |
| *Please provide the event, dates and details:* |

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| **SECTION 4: Supporting Statement** | |
| *State (in 600 words or less) why you believe the above person should be considered for a Life Membership Award. This statement should provide an assessment of the QUALITY of the contribution that has been made.* | |
| **SECTION 5: Supporting Documentation** | |
| *Supporting Documentation attached*  *YES/NO (delete one)*  *List of Supporting Documentation included in this application* | |
| **SECTION 6: Seconding and Supporting the Nomination**  *By signing this it is agreed that the information provided is a true representation of the nominees contribution to Special Olympic New Zealand.* | |
| *All nominations must be seconded by a* ***registered volunteer, Special Olympics New Zealand staff member or Board member.***  I hereby second the nomination of: ………………………..……………for a Life Membership Award.  I confirm that I am a: ………………………………………………………(from the above list)  **Name:**  **Signature:**  **Date:** | |
| ***All nominations must be supported by the Chair of the relevant Special Olympics Club of the nominee. If the nominee is the Club Chair then the application must be seconded by the Chair of another Club in the Region.***  I hereby support the nomination of: ………………………..……………for a Life Membership Award.  I confirm that I am the Chair of: ………………………………………………………  **Name:**  **Signature:**  **Date:** | |
| **Signature of Nominator** | **Date** |

**NOMINATIONS CLOSE 5PM TUESDAY 30th SEPTEMBER 2025**

**Submission of Nomination Form**

**By Email:** [admin@specialolympics.org.nz](mailto:admin@specialolympics.org.nz)

**Acknowledgement will be provided when nominations are received.**

***Please refer to the Nomination Overview when completing this form***