



## Candidate Nomination Questionnaire

### Hamilton Relay 2023 Community Leader Award

Due July 14, 2023 • PLEASE PRINT CLEARLY

Nominations may be made in ASL by submitting a video to  
[Peggy.Ward@hamiltonrelay.com](mailto:Peggy.Ward@hamiltonrelay.com)

**Objective:** To recognize an individual in each Hamilton Relay contracted state who is deaf, DeafBlind, late-deafened, hard of hearing or who has difficulty speaking and demonstrates strong leadership, volunteerism and involvement in the community. Additionally, hearing individuals and organizations who demonstrate leadership and volunteerism in the Deaf, DeafBlind, hard of hearing or speech difference communities may be nominated.

Name of Nominee/Organization: \_\_\_\_\_

(Please note that this award is presented to one individual or organization within your state each year. Individuals who are deceased are not eligible for this award.)

Nominee/Organization's Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please circle: Voice TTY CapTel VP Other \_\_\_\_\_

Email address: \_\_\_\_\_

The Nominee: ☐ is Deaf ☐ is DeafBlind ☐ is hard of hearing ☐ is late-deafened  
☐ has difficulty speaking ☐ is hearing ☐ is an organization ☐ n/a

- How has the nominee been active and/or made an impact in the community? Please focus primarily on providing information pertaining to the volunteer efforts and accomplishments completed beyond regular job duties.
- List the names of associations, organizations, clubs or other activities in which your nominee has been involved. Include position(s) held, term length and any other pertinent details. If nominating an organization, list work and accomplishments that have made an impact the Deaf, hard of hearing, DeafBlind and/or speech difference communities.



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- What are the strongest points about the nominee?

- 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!*

*If you are unable to access a document on this website due to disability, you can request an alternative format by emailing [peggy.ward@hamiltonrelay.com](mailto:peggy.ward@hamiltonrelay.com). Depending on the document and the nature of your request, it may take several weeks to provide you with the alternative format. We may need to contact you to clarify any details of your request.*