



**The Paramedic Association
of New Brunswick**

**L'Association des paramédics
du Nouveau-Brunswick**

**Nomination for Outstanding Contribution to Community Recognition
Award**

Nominator information:

Name: _____

Address: _____ Postal Code: _____

Email: _____ Phone: _____ Cell: _____

Please place a check mark beside the category that best suits how you know the nominee:

Member of PANB Community member Employer

Nominee information:

Name: _____ ID Number (if available): _____

Address: _____ Postal Code: _____

Email: _____

Phone: _____ Cell: _____

Please list the community organization (s) to which this person contributes:

Award Considerations:

Considerations that can be used when making your submission may include the following:

1. Commitment to the betterment of their community ó Coach, Councilor, Community Committees, etcí
2. Community Volunteer ó Fire, EMO, Service clubs, Food banks, etcí
3. Community activities ó Festivals, Environmental, Meals on Wheels, Visiting Elderly, etcí

It is not required that all considerations are met for recognition.

Please describe in your words why this person is deserving of this recognition:

Signature of submitter: _____ Date: _____

Submissions received prior to May 31st of the year are considered for presentation at the Annual PANB Gala Awards dinner held in October of the current year. Nominations received after May 31 will be held for consideration the following year.

Thank you for helping to recognize excellence in Paramedicine practice in New Brunswick!

Return completed nomination by mail, fax, or email to:

Paramedic Association of New Brunswick
298 Main Street
Fredericton, NB
E3A 1C9

Fax: 506-459-6728

Email: Registrar@panb.ca

Please confirm receipt by telephone 1-888-887-7262