**Volunteer of the Month**

Swimming WA (SWA) recognises that volunteers are a vitally important part of our sport and the Volunteer of the Month programme promotes and rewards hard working volunteers in our sport. Volunteer nominees can come from any area or level of expertise within the sport with no boundaries limit their ability to be awarded Volunteer of the Month.

During the period 1 October to 25 AprilSWA will call for nominations for a Volunteer of the Month to be awarded.

Nominations will close on the last day of each month and the monthly winners will be announced via the Swimming WA website and social media before the 15th of the following month.

Nomination forms are to be sent to the Membership Officer via email membership@wa.swimming.org.au

All winners of the Volunteer of the Month award will also be put forward as nomination for Volunteer of the Year award, which will be announced at the SWA Annual Swimmer of the Year Awards.

Eligibility Criteria

* Both Volunteer and Nominee must be current financial SWA members
* Nomination form must be signed off by a Club Committee member

The SWA Honours and Awards Committee will meet to decide on the monthly and annual Winners.

The Volunteer of the Month will receive an award and also be recognised on the SWA website and in the Western Swimmer.

Swimming WA loves to recognise and reward volunteers who work tirelessly in our local Clubs and organisation.

Tell us who you are nominating and why they should be crowned Swimming WA’s Volunteer of the Month Award.

Contact Details

PERSON NOMINATING

|  |  |
| --- | --- |
| Name |  |
| Club |  |
| Contact Number |  |
| Email |  |
| Role at club | Parent / Volunteer / TO / Swimmer |
| Committee Member | Y / N | Role |
| Current Financial member | Y / N |

PERSON BEING NOMINATED

|  |  |
| --- | --- |
| Name |  |
| Club |  |
| Contact Number |  |
| Email |  |
| Role at club | Parent / Volunteer / TO / Swimmer |
| Committee Member | Y / N | Role |
| Current Financial member | Y / N |

Please write three (3) reasons this person is outstanding and deserves nomination

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

Please tell us briefly what makes your nominated Volunteer deserving of the Volunteer of the Month Award.

(Attach additional pages if required)

Signed (Nominator) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­­­­­\_\_\_/\_\_/\_\_\_\_

Signed Committee Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_