

**NOMINATION FORM**

Humanitarian ( )

\_\_\_\_\_  
(Year)  
Lifesaving ( )

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ S/P \_\_\_\_\_ Zip \_\_\_\_\_

Nominees are judged *only* on the information given below. Please *be thorough*. Use additional sheets if necessary.

Year nominee joined FCRV \_\_\_\_\_

Reason for nomination. **Please type.**

Return To:  
Shari Weber  
National Director  
22978 IL Hwy 82  
Geneseo IL 61254-8319  
[fcrvnd@yahoo.com](mailto:fcrvnd@yahoo.com)

Nominated by \_\_\_\_\_  
Director's signature

Printed name of Director  
email address of director

**Deadline for Return:** April 15th.

**No Extension of time....**