

The Lieutenant Governor's Faith in Action Award 2009

Nomination Consent Form

Individual Nominee's name: _____

Address: _____

City: _____ County: _____

Postal Code: _____ Phone: _____

Nominator's name: _____

Address: _____

City/Town: _____ County: _____

Postal Code: _____ Phone: _____

We may contact you for information or clarification regarding your nomination.

All information on this application will only be used to determine the recipients of the Lieutenant Governor's Faith in Action Award. In signing below, I certify that I agree to let my name or group's name stand for the nomination. I consent to releasing the information included in this nomination to the Award Selection Committee and the media for news releases and articles. I also consent to releasing my phone number to be contacted by the media for interviews about the recipients of the Lieutenant Governor's Faith in Action Award and, if selected for an award, for photos taken at the ceremony.

Nominee's
Signature: _____ Date: _____

Nominator's
Signature: _____ Date: _____

Note: The nominee or official organization representative must sign to be considered.
Nominations must be postmarked no later than March 9, 2009.