

Wisconsin Alpha Pack

Nomination Form

1. Before completing the form, review the rules for nominating, the positions available with the eligibility requirements, and the deadlines for submissions.
2. **Self nominations** require the submission of additional information including a biography and in some cases, a position statement. The Alpha Pack Nominations Committee will contact you for this information.
3. **Peer nominations** do not allow for the attachment of a biography. The Alpha Pack Nominations Committee will contact all eligible nominees for the required information.
4. Nominators do not need to contact their nominee before submitting the form. The Alpha Pack will contact all eligible nominees for their interest and willingness to be considered for the position.
5. If nominating for more than one position, separate forms must be submitted.

Nominee Contact Information

Last Name: _____ First Name: _____ Initial _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail Address: _____

Print the volunteer position this nomination is for. If nominating for more than one position, a separate form must be submitted for each position.

Position: _____

Please indicate who is being nominated (circle one): Self Other

3. *Nominator Contact Information:*

Last Name: _____ First Name: _____ Initial _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

E-mail Address: _____

Date: _____ Signature: _____

Submit to:

Jaime Freitag
13153 W. Cleveland
New Berlin, WI 53151
Tel: (262) 797-0620
E-mail: myalphashunterandmia@yahoo.com

Do not exceed space provided. Attached pages are not permitted
Nominations Form REV. 2/10