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| **0603-lifesavers** | **LifeSaver**  **Award**  **Program** |  |

**Complete the form below and send it to:**

**lifesaver@communitasma.org or to Communitas Lifesaver**

**60-D Audubon Road**

**Wakefield, MA 01880**

|  |  |
| --- | --- |
| What is your name? |  |

|  |  |
| --- | --- |
| Who do you want to nominate? |  |

|  |  |
| --- | --- |
| Describe how are they affiliated with Communitas?  *(ex: staff, volunteer, individual, family, vendor, service partner, committee member, etc.)* |  |

|  |  |
| --- | --- |
| What program are they primarily affiliated with?  *(ex: Day Hab, Career Service, Residential, Family Resources, Recreation, etc)* |  |

In the space below, please describe why you feel this person is a LifeSaver:

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| --- |
|  |

Also, please write **one sentence** to describe this person:

|  |
| --- |
|  |

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