



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? <i>(ex: staff, volunteer, individual, family, vendor, service partner, committee member, etc.)</i>	
What program are they primarily affiliated with? <i>(ex: Day Hab, Career Service, Residential, Family Resources, Recreation, etc)</i>	

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

--

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