

THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL
SERVICE AWARD FOR A POLIO-FREE WORLD

Nomination Form

Deadline: 1 OCTOBER 2017

Please submit this form to the PolioPlus program of The Rotary Foundation by email to polioplus@rotary.org.

This is a proposal for an award for outstanding service:

-----CHECK ONE-----

 [] **REGIONAL** (for service **WITHIN** one of the 6 regions identified by the World Health Organization Region)

OR

 [] **INTERNATIONAL** (for service **BEYOND** a World Health Organization Region)

SERVICE AWARD **NOMINEE Information:** (please write clearly or type information)

Name _____
Surname First Middle

Address _____

Country _____ Rotary Club _____ District _____

Email Address (if known) _____

PROPOSER Information: (please write clearly or type information)

Name _____
Surname First Middle

Address _____

Country _____ Rotary Club _____ District _____

What is the proposer's relation to the nominee? (District Governor to district or club committee member, Chairman of National Committee to member of national committee, etc.)

ONLY SERVICE SINCE 1 NOVEMBER 1992 CAN BE CONSIDERED

Service:

Explain in detail what the nominee has done which merits recognition as being an active, personal, non-financial contributor to the eradication of polio; why it has been outstanding; when it was performed. **If the nomination is being made for an international level award, explain why the service is broader than that confined to a single WHO region.**

(please write clearly or type information, minimal of 400 typed words)

Service to Polio:

The nominee has served the following committees:

☐ Club PolioPlus Committee	Year(s) _____ - _____	Chairman Year(s) _____ - _____
☐ District PolioPlus Subcommittee	Year(s) _____ - _____	Chairman Year(s) _____ - _____
☐ National PolioPlus Committee	Year(s) _____ - _____	Chairman Year(s) _____ - _____
☐ Regional PolioPlus Committee	Year(s) _____ - _____	Chairman Year(s) _____ - _____
☐ International PolioPlus Committee	Year(s) _____ - _____	Chairman Year(s) _____ - _____
☐ End Polio Now Zone Coordinator	Year(s) _____ - _____	Chairman Year(s) _____ - _____
☐ National Advocacy Advisor	Year(s) _____ - _____	Chairman Year(s) _____ - _____
☐ Polio Eradication Advocacy Task Force	Year(s) _____ - _____	Chairman Year(s) _____ - _____

Note: Above service is not mandatory to receive the award but may be helpful to judge the service and determine eligibility.

Signed