SPIRIT OF SPINNERS APPLICATION

Name:_____

Address:_____

_____

Spouse:_____

Children & Ages:_____

Employer:_____ Occupation:_____

Volunteer Commitment, Length of Time, Duties and How has it impacted her community?

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Volunteer History, if any:_____

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Why do you feel your nominee deserves the Spirit of Spinners award? _____

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Your name and contact information:_____

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