

2BS BATHURST REGIONAL CITIZEN OF THE YEAR EVALUATION FORM

This form is to be filled out by a community service organisation representative, in support of the nominated person. Please where possible, list all other organisations that the nominee is involved with.

Please return to: 2BS, PO Box 310, **BATHURST** NSW 2795 / 109 George Street, **BATHURST** NSW 2795

| | | | |
|--------------------|--------|---------------|-----------|
| Form Completed By: | Title: | Organisation: | Phone No: |
|--------------------|--------|---------------|-----------|

| | | |
|----------------|----------|-----------|
| Nominees Name: | Address: | Phone No: |
|----------------|----------|-----------|

| Community Service / Other Organisations: | Years/ Service: | Positions Held / Supporting Information: |
|--|-----------------|--|
| | | |
| | | |
| | | |
| | | |