



**AFP Greater Toronto Chapter  
2018 New Fundraising Professional Award  
NOMINATION FORM**

Only **typed** applications received by **5:00 p.m. on Tuesday, May 1<sup>st</sup>** will be considered. Please address each criteria separately and limit application to no more than three pages. Please submit your resume along with the completed nomination form as an e-mail attachment.

Nomination being made by (name):

Direct Supervisor

Self Nomination

Nominator is:  AFP Member, please indicate member #:

Name:

Job Title:

Organization:

Address:

Tel: (    )

Fax: (    )

Email:

Organization's Business (Charitable) Registration Number:

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- 
1. Document highlights of career achievements including examples of surpassing goals, targets and/or objectives (please attach separate document with additional information if you require more space).



2. Document full-time professional fundraising positions and fundraising responsibilities within the last two to five years (or attach resume).

3. Document short-and-long-term personal career objectives, based on performance appraisal discussions (please attach separate document with additional information if you require more space).



4. Document volunteer activities within the last two to five years and, describe the role for the various volunteer positions (please attach separate document with additional information if you require more space).

5. Document the dates and brief descriptions of fundraising conferences or workshops attended in the last two years (please attach separate document with additional information if you require more space).



6. Diversity and Inclusion: Self-identification (optional)

Indigenous / First Peoples

LGBTQ

Member of a racialized or ethno cultural community

Person with a disability

Underrepresented community not listed

If this is a self-nomination, please have your supervisor sign this form to indicate authorization that the information contained in this nomination form is accurate.

Supervisor's Name:

Title:

Phone:

Signature: \_\_\_\_\_

PLEASE SUBMIT THIS FORM by e-mail to [cquigley@afptoronto.org](mailto:cquigley@afptoronto.org) no later than **5:00 p.m. on Tuesday, May 1<sup>st</sup>**.