



# NOMINATION FORM

This is where the magic happens! We are here to Enrich Lives & Families and we need you. Help us identify worthy candidates for our projects. Do you know of a deserving person whose life needs to be enriched? Or are you someone in need of a little enrichment in your own life? Either way, let us know about it by filling out this nomination form and returning to **Jonny Fisher, 850 Dell Road, Chubbuck, ID 83202**

Before filling out a nomination form, please review our qualifying criteria listed to the right. If your nomination meets our criteria, it will move on to the selection process. The selection committee will then make a final determination as to whether the project is approved. Once approved, the project moves into our planning and execution phase and you will be contacted by a project manager.

## Qualification Criteria

- Project will enrich lives and families
- A legal resident or Citizen of the United States of America
- Not convicted of a felon
- Able to obtain approval from a doctor, if necessary
- Unable to fulfill project on your own.
- You are someone in need (including persons with Chronic illness, disability or elderly)

## Recipient Contact information

Name (First, Middle, Last): \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Senior Living Community Name (if applicable): \_\_\_\_\_

Check all that apply:

Elderly

Disabilities: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

## Nominator Contact information

Check if same as recipient:

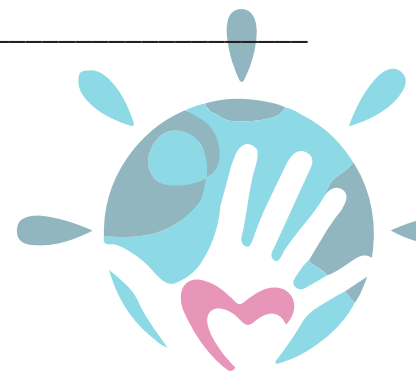
Name (First, Middle, Last): \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Form may also be completed online by visiting  
**[elf-project.org/nomination](http://elf-project.org/nomination)**



## Getting to know recipient

If you are nominating someone, please remember that the questions below refer to the recipient. Be as detailed as possible with your answers.

What are some of the recipient's interests, hobbies, and passions? Do they still participate in any of these today?

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What occupations have they had?

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What positive impact has the nominee had on those in the community?

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What is something the nominee wish they could do but currently are unable to?

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Are you a military veteran?:  Yes  No

Are you a legal resident or citizen of the U.S.A.?:  Yes  No

Have you ever been convicted of a crime?:  Yes  No

Are there any accommodations that we would need to plan for in helping you? (ie, wheelchairs, oxygen, care giver, dementia, etc.)

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## **Project Description**

Describe the need of the nominee in detail.

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Why is this important to the nominee and how would it effect them and their loved ones. (physically, mentally, emotionally, spiritually)?

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What limitations are there for the nominee to complete this on their own.

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Has the nominee ever been a recipient of a nonprofit before?

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