



## NOMINATION FORM

### REQUIREMENTS:

- Must be currently employed within the 16 counties of the Diocese of Green Bay
- Nominee must be an active member of a Catholic parish

### NOMINEE INFORMATION

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parish: \_\_\_\_\_

### COMPANY WHERE NOMINEE WORKS:

Name: \_\_\_\_\_  
Title of Nominee: \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### NOMINATOR INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### NOMINATOR SIGNATURE

I hereby nominate the *NOMINEE* listed to be the recipient of the Faith that Works Award.

I hereby certify that, to the best of my knowledge, the statements contained are accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### NOMINATION SUBMITTAL PROCESS:

Mail completed nomination form by December 31, to:  
On Mission Media | Faith That Works | PO Box 23825 | Green Bay, WI 54305-3825

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## NOMINATION FORM

### AWARD CRITERIA

1. OCCUPATION: CHECK ONE  FOR-PROFIT  NONPROFIT

Describe the nominee's position in the workplace.

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### 2. ORGANIZATIONS/BOARDS

List all parish, diocesan and/or spiritually-based organizations to which the nominee belongs. Identify any leadership roles with each organization.

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### 3. BUSINESS CHARACTERISTICS

How does the nominee provide a Christian witness/example or otherwise manifest their faith within the workplace? Please provide specific examples.

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### 4. BUSINESS ETHICS

How do the nominee's decisions and/or actions in the workplace represent the face, hands, and feet of Christ and/or focus on missionary discipleship? Please provide specific examples.

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*If needed, please continue on the back or another sheet of paper.*

