



Your Helping Hand of North America 501(c)(3)
9957 Moorings Drive, Suite 203
Jacksonville, FL 32257
Tax Id #06-1701831
yourhh@gmail.com

Nomination Form - Mentor

Nominee Name _____ Date _____
Last First Middle
Address _____
Street City State Zip Code
Telephone # () _____ Other Phone # () _____
Nominated by _____ Telephone # () _____

Gift Division: ☐ Food/Clothing Bank ☐ Mentor/Educator ☐ Medical ☐ Small Business ☐ Shelter
Has the nominee received a YHH Grant in the past (that you know of)? ☐ Yes ☐ No If so, what year? _____
Does the nominee have any friends or family employed with YHH ☐ Yes ☐ No
Are they currently a mentor? ☐ Yes ☐ No (if yes, complete employment section as best you can)

MENTOR SECTION

MENTOR LOCATION	TELEPHONE	DATES MENTORING		SUMMARIZE THE TYPE OF MENTORSHIP DAYS VISITING
	()	FROM	TO	
ADDRESS				
MENTEE'S NAME		YEARS AS A MENTOR AT OTHER SCHOOLS		

WHY DOES THIS NOMINEE DESERVE THIS GRANT?: _____

WHAT MAKES THIS NOMINEE STAND OUT/DIFFERENT FROM OTHER MENTORS?: _____

HAS THIS NOMINEE RECEIVED ANY OTHER AWARDS THAT YOU'RE AWARE OF?: _____

WHO ELSE WILL SPEAK HIGHLY OF THIS NOMINEE

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	EMAIL ADDRESS	PHONE NUMBER
				()
				()
				()

I certify that all the information I have provided is true, complete and correct.

I authorize YHH to investigate all statements contained on this nomination form. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification.

I understand that I should also inform the nominee of their nomination, so they are prepared when a YHH representative calls to obtain additional information about the nominee.

Nominator's Signature _____ **Date** _____
