

VOLUNTEER OF THE YEAR NOMINATION FORM



_____ Elementary (*Pre-K-5th*) _____ Secondary (*6-12th*)

Name of Nominee _____

Name of Local Unit where volunteer serves _____

District PENINSULA District Director's Name MARY JO PADULA

Nominee's Address _____

City _____ Zip _____

Telephone _____ Email Address _____

Original Nominator's Name _____

Telephone _____ Email Address _____

Information about Nominee:

Number of years the volunteer has served in this organization _____

Approximate number of hours (per week) donated by the volunteer _____

Current Volunteer's position(s) _____

Specific duties of volunteer _____

What makes the accomplishments of this nominee more significant than all other volunteers?

Please summarize their characteristics.

Please describe the nominee’s innovative or unique approach in performing volunteer service:

Please describe how the nominee mobilized other volunteers or generated increased resources:

Please describe the nominee’s ongoing involvement rather than a one-time activity:

Send completed form to your District Director.

Contact your District Director for their deadline.

To find your district is go to www.vapta.org, click on “Find Your District” left hand menu.

Questions? Contact volunteers@vapta.org

Note: *Nominees are selected based on merit – without regard to race, religion, gender, national origin, or physical/mental disability.*