

Annual Volunteer Awards

Nomination Form



Name of person nominating: _____

Position of person nominating:

☐ Staff ☐ Volunteer ☐ Member

Name of volunteer: _____

Award volunteer is being nominated for:

☐ Shining Star Award

☐ Bright Light Award

☐ Sparkle Award

Age category:

☐ Adult

☐ Youth (18 and under)

Volunteer's department:

☐ Aquatics

☐ Child Care

☐ Health and Fitness

☐ Association Services

☐ Employment

☐ Maintenance

☐ Child and Youth

☐ Fund Development

☐ Member Services

Volunteer's role: _____

Volunteer's length of service:

_____ years _____ hours/week

Volunteer's phone number: _____

Volunteer's email address: _____

Form continues on next page →

Describe the impact this volunteer has had on our programs, services, and/or members (i.e. how they have helped us achieve our outcomes and reach our mission):

Using the awards criteria, what qualities does this volunteer possess that makes them a candidate for the volunteer award?