



GSA Individual Nomination Form: ORGANIZATIONS

1. OFFICIAL MAINE GSA NOMINATION FORM: GROUP OR ORGANIZATION

Be sure to review the nomination guidelines on VolunteerMaine.org/governors-service-awards/ to ensure your nominee will qualify.

All information requested must be provided in order for the nomination form to be considered complete. Incomplete forms will not be considered.

Please note the difference between "Exit" and "Submit." A nominator who exits a form before submitting might be able to return and complete the form if the same computer is used. However, once a form is submitted (button at the bottom of certification page) it cannot be edited.

Questions about the nomination process may be directed to GovServiceAwards@VolunteerMaine.org .

* 1. Please fill in YOUR (the nominator) information below:

Name:

Organization:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

* 2. What is your relationship to the nominee? (Supervisor, employer, neighbor, principal etc.)



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2. AWARD CATEGORIES

* 1. For which ORGANIZATION award are you making a nomination?

- School or School District Excellence in Service-learning
- Small Business Volunteerism
- Corporate Volunteerism
- Outstanding Non-Profit Volunteer Program



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3. Small Business/Corporate Volunteerism and Outstanding Non-Profit Volunteer Program Nominee Info.

* 1. Please fill in the information for the organization you are nominating.

Contact Person:

Organization:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Contact Email Address:

Contact Phone Number:

2. NON-PROFIT AWARD ONLY. Please enter the EIN number of the non-profit that you are nominating. We will verify non-profit status with Guide Star. This is required.

3. Approximate number of volunteers in GROUP or ORGANIZATION.

4. Approximate annual total of volunteer hours.

5. Approximate number of person(s) impacted by volunteers' service.

6. SUMMARY OF VOLUNTEER ACTIVITY Please describe in the space allowed the volunteer activities of the GROUP or ORGANIZATION. Be sure to include a brief description of the organization, the number of people they have served, the impact their contribution has on the community, and why and how the nominee meets the criteria for the award. No additional documentation or materials will be accepted.

* 7. Please provide contact information for individual submitting letter of testimony/reference. Must be other than the Nominator.

Contact Name:	<input type="text"/>
Company/Organization/ Group:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP/Postal Code:	<input type="text"/>
Contact Email Address:	<input type="text"/>
Contact Phone Number:	<input type="text"/>

* 8. In the space allowed, enter the text of the first letter of testimony/reference for the Nominee from the person previously identified.

9. Please provide contact information for individual submitting second letter of testimony/reference. Must be other than Nominator.

Name:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>

* 10. In the space allowed, enter the text of the first letter of testimony/reference for the Nominee from the person previously identified.

* 11. Name of local/regional newspaper



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4. School or School District Excellence in Service-learning Award

AWARD CRITERIA- School or School District Excellence in Service-learning Award recognizes excellence in K-12 school or school district that demonstrates service-learning standards for quality practice in a majority of classrooms in a school or schools in a district. Service-learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.

1. Please fill in the information for the SCHOOL or SCHOOL DISTRICT you are nominating here.

Contact Person:	<input type="text"/>
School District:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>

2. Approximately what percentage of students in the school or district participate in service-learning.

3. (SCHOOL DISTRICT ONLY) Has the School District adopted policies supporting district wide Service Learning? If yes, please describe the nature of these policies briefly. If no, please type NA.

4. Are a majority of classrooms in the school or schools in the district participating in service-learning? If your answer is NO, please explain briefly. If your answer is YES, type the word YES.

5. SUMMARY OF SERVICE-LEARNING IMPLEMENTATION: Please describe in the space allowed the service-learning related activities of the SCHOOL OR SCHOOL DISTRICT you are nominating. Be sure to include a brief description of the program(s), the impact to students and on the community, and why and how the nominee meets service-learning standards for quality practice. No additional documentation or materials will be accepted.

6. Please provide contact information for individual submitting first letter of testimony/reference. Must be other than Nominator.

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

7. In the space allowed, enter the text of the first letter of testimony/reference from person identified above.

8. Please provide contact information for individual submitting second letter of testimony/reference. Must be other than Nominator.

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

9. In the space allowed, enter the text of the second letter of testimony/reference from person identified above.

* 10. Name of local/regional newspaper



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5. Certification Page

* 1. Please type your name below certifying that all the information contained in the application is accurate and true to the best of your knowledge.

Please Note: Due to the volume of applications, incomplete nominations will not be accepted. Please be sure you have answered all questions required completely.

Nominations will only be accepted online and no other supporting documentation sent to us will be considered.