



GSA Individual Nomination Form: Persons

1. OVERVIEW

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

Only one nomination can be made through each form.

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, etc.)?



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2. NOMINEE INFORMATION

* 1. Enter information below of INDIVIDUAL you are nominating.

Name:

**Organization Where
Nominee**

Volunteers/Works :

Nominee's Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:



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3. AWARD CATEGORIES

* 1. In which award category are you making a nomination?

- Volunteer of the Year
- Youth Volunteer of the Year
- Outstanding Service Learning Practitioner
- Outstanding National Service Volunteer
- Outstanding Public Sector Volunteer
- Excellence in Volunteer Administration



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4. Data for Outstanding Service-learning Practitioner Award

AWARD CRITERIA: Outstanding Service-learning Practitioner- Recognizes an individual, educator, service-learning coordinator, or other practitioner in the field of K-12 service-learning. The recipient will demonstrate effectiveness; use of best practices in service-learning and commitment to service-learning as a teaching methodology or learning strategy. The practitioner's service-learning work should integrate meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.

1. Approximate total years involved in service-learning implementation:

2. Please enter your answer in hours:

Approximate number of children and youth involved in service-learning

Approximate number of beneficiaries impacted by service-learning activities.

3. In the space allowed, please describe the service-learning activities of the INDIVIDUAL you are nominating. Be sure to include a brief description of the major service-learning work the nominee is involved with, the impact their contribution has on the community, other volunteer or service-learning activities they have participated in, and why and how the nominee meets the outlined criteria for the award.

4. Please provide contact information for individual submitting first letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

Name	<input type="text"/>
Company/Organization	<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 Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

5. In the space allowed (2000 characters), enter the text of the first letter of testimony/reference for the Nominee from the person previously identified.

6. Please provide contact information for individual submitting second letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

Name	<input type="text"/>
Company/Organization	<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 Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

7. In the space allowed (2000 characters), enter the text of the second letter of testimony/reference for the Nominee from the person previously identified.

8. Name of local/regional newspaper:



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5. Data for Youth Volunteer of the Year

Recognizes an individual under the age of 20 who has contributed to the life of someone in his/her community or to the improvement of the community through volunteer efforts.

1. YOUTH VOLUNTEER OF THE YEAR ONLY. Please enter nominee's AGE:

2. Approximate total number of years of service:

3. Approximate total hours volunteered each year:

4. In the space allowed, please describe the volunteer activities of the YOUTH you are nominating. Be sure to include a brief description of the program(s) for which the nominee is a volunteer, the number of people they have served, the impact their contribution has on the community, other volunteer activities they have participated in, and why and how the nominee meets the criteria for the award. (Limit 2000 characters)

5. Please provide contact information for individual submitting first letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

Name:	<input type="text"/>
Company:	<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"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>

6. In the space allowed (2000 characters), enter the text of the first letter of testimony/reference for the Nominee from the person previously identified.

7. Please provide contact information for individual submitting second letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

Name:	<input type="text"/>
Company:	<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"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>

8. In the space allowed (2000 characters), enter the text of the second letter of testimony/reference for the Nominee from the person previously identified.

9. Name of local/regional newspaper:



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6. Data for Volunteer of the Year, National Service Volunteer, Public Sector Program Volunteer

1. Approximate total years of service:

2. Approximate annual total of volunteer hours:

3. In the space allowed, please describe the volunteer activities of the INDIVIDUAL you are nominating. Be sure to include a brief description of the program(s) for which the nominee is a volunteer, the number of people they have served, the impact their contribution has on the community, other volunteer activities they have participated in, and why and how the nominee meets the criteria for the award.

4. Please provide contact information for individual submitting first letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

Name:

Company:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Country:

Email Address:

5. In the space allowed (2000 characters), enter the text of the first letter of testimony/reference for the Nominee from the person previously identified.

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Name:

Company:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Country:

Email Address:

7. In the space allowed (2000 characters), enter the text of the second letter of testimony/reference for the Nominee from the person previously identified.

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7. Data for Excellence in Volunteer Administration

1. Approximate total years of service:

2. EXCELLENCE IN VOLUNTEER ADMINISTRATION AWARD ONLY. Please answer the following :

Name of volunteer
program

Number of volunteers in
the program

3. In the space allowed, please describe the activities of the INDIVIDUAL you are nominating. Be sure to include a brief description of the volunteer program(s) for which the nominee works, the impact of the volunteer program under the nominee's leadership to clients and to the community, and other professional accomplishments.

4. Please provide contact information for individual submitting first letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

5. In the space allowed (2000 characters), enter the text of the first letter of testimony/reference for the Nominee from the person previously identified.

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Name:

Address:

Address 2:

City/Town:

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8. 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.