



GOVERNOR'S VOLUNTEER
SERVICE AWARD
Nomination Form

2018

*Administered by:
NC Commission on Volunteerism and Community Service
Office of Governor Roy Cooper*



2018 GOVERNOR'S VOLUNTEER SERVICE AWARD NOMINATION ELIGIBILITY AND SUBMISSION GUIDELINES

ELIGIBILITY

1. Nominees must have been engaged in volunteer activities for a **minimum of one year in North Carolina** and benefited a community or communities in the state in a substantial, important or unique way. Volunteer service performed outside the state will not be considered.
2. Students receiving course credits for their volunteer activities are ineligible **unless** the nomination is based on volunteer service that extends **beyond** the course requirements, in which case it must be clearly indicated in the nomination statement.
3. National Service volunteers must be nominated for service **above and beyond** that which is required of them in their national service program. Volunteer time recorded in a national service program will not be eligible.
4. Previous award recipients from within the past 10 years are ineligible.
5. Nominees are ineligible if they receive compensation for their service.
6. Nomination cannot be based upon court-mandated community service.
7. Nomination cannot be based upon serving as a "loaned executive."
8. Self-nominations are **not** allowable.
9. Family members may **not** nominate another family member for an award.
10. Group/team and corporate volunteerism nominations must be made by those **external** to the group/team or corporation/business.
11. **All nomination submission requirements listed below must be met.**
12. Director of Volunteers who are paid for their service must be nominated in the non-volunteer service category.

IMPORTANT SUBMISSION REQUIREMENTS

1. All nominations must be submitted on the 2018 Governor's Volunteer Service Award nomination form.
2. **Only fully completed nomination forms will be accepted. Sections 1-4 must be completed.** Incomplete nominations will not be considered for the award.
3. While we regret any inconvenience it may cause, **all nominations must be typed. Handwritten forms will not be accepted.**
4. One additional reference is **required** for each nomination.
5. The nomination form **must** be signed and dated by the nominator and one additional reference. Forms without these required two dated signatures will be considered as incomplete and not considered for the award.
6. The nominator may **not** serve as the only reference.
7. Nomination attachments/supporting documentation (photographs, letters, etc.) will **NOT** be accepted.
8. **The deadline for county coordinators to submit their nomination packet to the Governor's Office is Friday, January 31, 2018.** County coordinators should establish a local deadline for accepting nominations to allow adequate time for the local selection process and submittal by the 1/31/18 due date.

AWARD SELECTION

- Award selections are based on the nominee's volunteer efforts and commitment of time, accomplishments, community impact and enhancement of the lives of others, as described on the nomination form.
- Nominations are received and evaluated at the county level. The county may submit **up to ten** nominations to the Commission to be considered for the Governor's Volunteer Service Award. **One** of the nominees may be recommended as a nominee for the Medallion Award, the state's highest level of volunteer recognition. The county may also recommend **one** non-volunteer (paid) Director of Volunteers to be considered for a Medallion Award.
- The Commission will select award recipients based on merit and eligibility. Recipients are selected without regard to race, religion, gender, national origin, or physical/mental disability.
- Nominations for the Governor's Medallion Award are reviewed and evaluated by a statewide review panel that determines the recipients of the award. The award is given to the state's top 20 volunteers and one paid Director of Volunteers.

**2018 GOVERNOR'S VOLUNTEER SERVICE AWARD
NOMINATION FORM**

SECTION 1 – NOMINATION CATEGORIES (COMPLETION REQUIRED)

NOMINEE TYPE

- Individual:** An individual who volunteers.
- Family:** A family that volunteers together on the same project(s).
- Group/Team:** A group or team of two or more people that volunteer together on the same project(s).
- Youth:** A person (age 18 or younger) who volunteers.
- Senior:** A person (age 55 or older) who volunteers.
- Faith-Based Entity:** An individual, family, group/team, youth or senior that volunteers through a faith-based community organization.
- Corporate/Business:** A for-profit or non-for-profit entity that has made a substantial impact in the community by encouraging employees to engage in public service.
- National Service:** Anyone who volunteers with a National Service program (AmeriCorps, VISTA or Senior Corps).
- Director of Volunteers:** A **paid** staff member who exceeds expectations of good volunteer management skills including recruitment, training, coordination, risk management, evaluation, retention and recognition of volunteers. *Other related job titles may include Volunteer Program Director or Manager of Volunteers.*

SERVICE CATEGORIES / Mark all boxes that apply to the nominee's service

- Veteran/Military Families:** Provides volunteer services to military families or veterans.
 - Youth:** Demonstrates an outstanding commitment to mentoring or educating youth (ages 18 and younger).
 - Disaster:** Volunteers in disaster preparedness, response, recovery or mitigation activities. (unpaid)
 - Animals:** Demonstrates outstanding commitment to volunteering with or for animals.
 - NC Preservation:** Restores or preserves North Carolina's historical, cultural or arts heritage.
 - Environment:** Indicates an exceptional commitment to environmental stewardship.
 - Health & Human Services:** Shows remarkable dedication to those in need.
 - Community:** Performs extraordinary service in their community.
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- Lifetime Achievement:** An individual who has exhibited a lifelong commitment to volunteerism and community service. Nominees must have made a substantial and long-term sustained impact in the community as a result of their service efforts.

**SECTION 2 – Nominee Information
(COMPLETE ONE BOX ONLY ON THIS PAGE)**

COMPLETE THIS BOX FOR INDIVIDUAL NOMINEES:

Title: Ms. Mrs. Mr. Dr. Other _____
Nominee's First Name _____
Middle Name (if applicable) _____
Last Name _____
Suffix Jr. Sr. III Other _____
Home Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____
Email Address _____

COMPLETE THIS BOX FOR FAMILY, GROUP/TEAM or CORPORATE/BUSINESS:

Family, Group/Team, or Business Name (e.g. Smith School Volunteers) _____
Suffix (if applicable) Co. Inc. LLC Other _____
Contact's Title Ms. Mrs. Mr. Dr. Other _____
Contact's First Name _____
Contact's Last Name _____
Suffix Jr. Sr. III Other _____
Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____
Email Address _____

NOTE: If the family, group/team, or corporation/business is a Medallion recipient, the contact person listed above will accept the award on behalf of the family, group/team, or corporation/business. See Supplemental Page for Additional Nominee Names.

COMPLETE THIS BOX FOR PAID DIRECTOR OF VOLUNTEERS:

Title: Ms. Mrs. Mr. Dr. Other:
Nominee's First Name _____
Middle Name (if applicable): _____
Last Name _____
Suffix: Jr. Sr. III Other _____
Home Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____
Email Address _____
Agency/Organization (Employer) _____
Address _____
City _____ **State** _____ **Zip** _____ **Phone** _____
Supervisor's Name _____
Email Address _____

**SECTION 3 – Nominator and Reference Information
(COMPLETION REQUIRED)**

IMPORTANT REQUIREMENTS FOR THIS PAGE

1. One additional reference is required.
2. The nominator and one reference must sign and date the page.
3. Forms without the required dated signatures will not be accepted.
4. The nominator may not serve as the only reference.

NOMINATOR/REFERENCE

Name _____

Relationship to Nominee (i.e. volunteer supervisor) _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email Address** _____

Signature _____ **Date** _____

ADDITIONAL REFERENCES (One Required)

(Person familiar with nominee's volunteer service)

REFERENCE #1

Name _____

Relationship to Nominee (i.e. volunteer supervisor) _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email Address** _____

Signature _____ **Date** _____

REFERENCE #2 (Optional)

Name _____

Relationship to Nominee (i.e. volunteer supervisor) _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email Address** _____

Signature _____ **Date** _____

SUPPLEMENTAL PAGE – Additional Organizations Served by Nominee

**Except for lifetime achievement nominees, please focus on this past year of service only.*

Nominee Name: _____ **County** _____

ORGANIZATION #2

Organization Name _____
Volunteer Job Title(s) _____
Total length of time nominee has served this organization _____
Nominee's typical frequency and duration of service (*example-5 hours per day for 3 days each week*) _____
Nominee's primary volunteer duties _____

ORGANIZATION #3

Organization Name _____
Volunteer Job Title(s) _____
Total length of time nominee has served this organization _____
Nominee's typical frequency and duration of service (*example-5 hours per day for 3 days each week*) _____
Nominee's primary volunteer duties _____

ORGANIZATION #4

Organization Name _____
Volunteer Job Title(s) _____
Total length of time nominee has served this organization _____
Nominee's typical frequency and duration of service (*example-5 hours per day for 3 days each week*) _____
Nominee's primary volunteer duties _____

SUPPLEMENTAL PAGE – ADDITIONAL NOMINEE NAMES

***NOTE: This page should be completed only for Family or Team Volunteering nominees**

Nominee Name: _____ **County** _____

Member #2

Title: Ms. Mrs. Mr. Dr. Other _____
First Name _____
Middle Name (if applicable) _____
Last Name _____
Suffix (if applicable) Jr. Sr. III Other _____

Member #3

Title: Ms. Mrs. Mr. Dr. Other _____
First Name _____
Middle Name (if applicable) _____
Last Name _____
Suffix (if applicable) Jr. Sr. III Other _____

Member #4

Title: Ms. Mrs. Mr. Dr. Other _____
First Name _____
Middle Name (if applicable) _____
Last Name _____
Suffix (if applicable) Jr. Sr. III Other _____

Member #5

Title: Ms. Mrs. Mr. Dr. Other _____
First Name _____
Middle Name (if applicable) _____
Last Name _____
Suffix (if applicable) Jr. Sr. III Other _____

Member #6

Title: Ms. Mrs. Mr. Dr. Other _____
First Name _____
Middle Name (if applicable) _____
Last Name _____
Suffix (if applicable) Jr. Sr. III Other _____