



GOVERNOR'S VOLUNTEER
SERVICE AWARD
Nomination Form

2017

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



2017 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 2017 Governor's Volunteer Service Award nomination form.
2. **Only fully completed nomination forms will be accepted. Sections 1-6 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. Two references are **required** for each nomination.
5. The nomination form **must** be signed and dated by the nominator and both references. Forms without these required three dated signatures will be considered as incomplete and not considered for the award.
6. The nominator may **not** serve as one of the references.
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, 2017.** County coordinators should establish a local deadline for accepting nominations to allow adequate time for the local selection process and submittal by the 1/31/17 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.



County: _____

**2017 GOVERNOR'S VOLUNTEER SERVICE AWARD
NOMINATION FORM**

SECTION 1 – NOMINATION CATEGORIES (COMPLETION REQUIRED)

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

- 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.
- Veteran/Military Families:** An individual or group who has provided volunteer service to military families or veterans.
- Mentor:** An individual volunteer who has demonstrated an outstanding commitment to working with youth (ages 18 and younger) in a mentoring capacity.
- Faith-Based:** An individual, family, group/team, youth or senior that volunteers through a faith-based community organization.
- Disaster:** An individual, family, group/team, youth or senior who volunteers in disaster preparedness, response, recovery or mitigation activities. (This category does not include paid first responders.)
- Animal Kind:** An individual, family, group/team, youth or senior that has demonstrated outstanding commitment to volunteering with or for animals.
- NC Heritage:** An individual, family, group/team, youth or senior that volunteers through restoring and preserving our heritage either in historical or cultural in type.
- National Service:** Anyone who volunteers with a National Service program (AmeriCorps, VISTA or Senior Corps)
- Corporate/Business:** A corporation or business that has made a substantial impact in the community by promoting service to their employees through engaging in volunteer activities and/or by providing paid time for employees to volunteer for local organizations and/or agencies.
- Perseverance in Volunteerism:** An individual volunteer who has overcome significant personal obstacles (cognitive and/or physical) in order to engage in service to others.
- 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.

NON-VOLUNTEER SERVICE CATEGORY

- 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.*

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

COMPLETE THIS BOX FOR THE FOLLOWING CATEGORIES OF VOLUNTEER SERVICE:
Individual, Youth, Senior, Veteran, Mentor, Faith-Based, Disaster, Animal Kind, NC Heritage,
National Service, Perseverance in Volunteerism, or Lifetime Achievement

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 THE FOLLOWING CATEGORIES OF VOLUNTEER SERVICE:
Family, Group/Team, or Corporation/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.

COMPLETE THIS BOX FOR NON-VOLUNTEER SERVICE IN THE FOLLOWING CATEGORY:
Director of Volunteers (paid staff member)

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. Two references are required.
2. The nominator and both references must sign and date the page.
3. Forms without the required dated signatures will not be accepted.
4. The nominator may not also serve as one of the references.

NOMINATOR

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

City _____ State _____ Zip _____
Phone _____ Email Address _____
Signature _____ Date _____

REFERENCES

2 references are required *(those who are familiar with nominee's volunteer service)*

REFERENCE #1

Name _____
Relationship to Nominee _____
Address _____

City _____ State _____ Zip _____
Phone _____ Email Address _____
Signature _____ Date _____

~AND~

REFERENCE #2

Name _____
Relationship to Nominee _____
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 – Family Volunteerism

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

Nominee Name: _____ County _____

Family Member #2

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

Family Member #3

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

Family Member #4

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

Family Member #5

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

Family Member #6

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