

## 2016 NOMINATION FOR OUTSTANDING VOLUNTEER AWARD

Local Chapter Name: \_\_\_\_\_ Area: \_\_\_\_\_

Report submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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### OUTSTANDING VOLUNTEER AWARD NOMINATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Youth Volunteer Hours: \_\_\_\_\_ Other Volunteer Hours: \_\_\_\_\_

TOTAL VOLUNTEER HOURS: \_\_\_\_\_

Using the criteria for Outstanding Volunteer provided, submit a description of the activities of your nominee. Please use the full, legal name of your nominee. Variety in areas of volunteering should be mentioned, both in the Youth and in the Other category. DO NOT send additional information such as pictures, newspaper clipping, etc. Be inclusive, but be specific. Please limit your write-up to **no more than 400 words**. Please submit your written nomination on a sheet attached to this form. In addition, remember, the person nominated MUST BE A MEMBER OF INDIANA RETIRED TEACHERS ASSOCIATION as of **December 31, 2016**. Call the state office (888.454.9333) to verify membership. It will save all of us time and effort! Do you feel the above nominee is a strong candidate for the NATIONAL Retired Teachers Volunteer of the year award? Yes \_\_\_ No \_\_\_

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Please send this report to your Area Community Service Chairperson by January 15, 2017. Thank you.