



FORT CAMPBELL VOLUNTEER PROGRAM VOLUNTEER OF YEAR NOMINATION FORM

NAME OF VOLUNTEER:

DATE:

VOLUNTEER CONTACT INFORMATION:
ADDRESS & TELEPHONE

NOMINATION CATEGORY (SELECT ONE BELOW)

SFRG

CHILD & YOUTH
SERVICES

COMMUNITY
SERVICES

OTHER AGENCIES
& ORGANIZATIONS

OUTSTANDING
YOUTH

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VOLUNTEER MUST HAVE DOCUMENTED HOURS IN VMIS ON FORT CAMPBELL FROM 1 JANUARY 2019 TO 31 DECEMBER 2019.

**DESCRIBE THE VOLUNTEER'S IMPACT ON THE UNIT/ORGANIZATION, AND/OR FORT CAMPBELL
(500 WORDS MAXIMUM):**

**DESCRIBE THE EXTENT OF THE VOLUNTEER'S LEADERSHIP, PLANNING, AND ORGANIZATIONAL SKILLS THAT
RESULTED IN A TANGIBLE OR INTANGIBLE BENEFIT, OR IMPROVED SERVICE TO THE UNIT/ORGANIZATION,
AND/OR FORT CAMPBELL. PROVIDE EXAMPLES AND OUTCOMES (500 WORDS MAXIMUM):**

**DESCRIBE THE VOLUNTEER'S COMMITMENT TO THE UNIT / ORGANIZATION.
PROVIDE EXAMPLES AND OUTCOMES (500 WORDS MAXIMUM):**

**DESCRIBE THE VOLUNTEER'S PROFESSIONALISM AND COURTEOUSNESS IN THEIR VOLUNTEER ROLE.
PROVIDE EXAMPLES AND OUTCOMES (500 WORDS MAXIMUM):**

NOMINATING OFFICIAL

UNIT OR ORGANIZATION

TELEPHONE NUMBER