



Governor's Volunteer Stars Awards

2014

County Nomination Form

COMPLETE ALL FIELDS FOR NOMINATION TO BE CONSIDERED

I. Nominee Profile

Full/Legal Name of Nominee:

Daytime Phone:

Email Address:

Address:

City/State/Zip:

Date of Birth:

Organization/s Where Nominee Serves:

Organization Contact Name:

Organization Phone:

Email Address:

Please mark the appropriate box:

Youth Volunteer (Under 25)

Adult Volunteer

Return Nominations to:

Elizabeth Black

1 Millennium Plaza, Suite 103

Clarksville, TN 37040

Nomination Form Page 1 of 4

No later than November 19, 2014



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II. Nominator Profile

Full/Legal Name of Nominator:

Daytime Phone:

Other Phone:

Address:

City/State/Zip:

Email Address:

Relationship to Nominee:

How did you hear about the County's Volunteer Awards?

Newspaper website volunteer activity friend other _____



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III. Nomination Narrative (no more than 500 words, single-spaced on 8 ½ x 11 paper with one-inch margins and typed in 12-point font).

The narrative must answer the following questions:

1. What makes the honoree an outstanding volunteer?
2. What agency(s) do they serve with? How long have they served with this agency?
3. What type of service do they perform?
4. How does their service impact their community?
5. What makes the honoree unique?

Please feel free to include additional photographs, pamphlets, or news clippings.

Nomination Form Page 3 of 4