

**Fort Rucker Annual Volunteer Program
Award Recognition Submission Form**

TYPE OF AWARD:

Helping Hand Award ___ **Volunteer of the Year(Adult)** ___ **Volunteer of the Year(Youth)** ___
Volunteer of the Year (Soldier) ___ **Volunteer of the Year(Family)** ___ **Lifetime Achievement** ___

Recommending Organization Data

Organization Name:

Organization Address:

Program Manager:

Phone:

Email:

Nominee Data

Last Name:

First Name:

Middle Initial:

Address:

City:

State:

Zip:

Phone:

Email:

Rank/Title

Volunteer Service Data

Volunteer Position:

Estimated Hours (outside VMIS)

From:

To:

Current Additional Volunteer Services

List other volunteer positions. Give name of agency, private organization or FRG. List the approximate number of hours worked in these positions. State if the hours are monthly or total for the year.

Organization	Service	Duties	Hours

Instructions: NOMINATION MUST HAVE ALL OF THE CRITERIA OUTLINED.

*Using the following criteria describe the nominee's outstanding qualifications in the following areas **on Attachment 8 or additional sheet, if necessary**. Use examples to support each of the criteria. For example if the nominee chaired a committee fundraiser, describe how each of the criteria was used to successfully execute the fundraiser. You have the option to conduct an interview with the nominee in order to include a comprehensive synopsis of their involvement in other volunteer organizations.*

Criteria

1. Dependability
2. Responsibility
3. Ability to plan and organize
4. Ability to motivate others
5. Ability to communicate
6. Creativity

Army Community Service
Soldier Service Center, BLDG. 5700, Room 177
Vernon Johnson
Ft Rucker, AL 36362
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e-mail: vernon.b.johnson.civ@mail.mil

Program Manager Signature/Date (may type if sending electronically)

Date received by Volunteer Program: _____

VMIS Hours (for ACS Office Use Only) _____