

Volunteer Jacksonville has evolved



## **Celebration of Service Awards Nomination Form**

### **Eligibility:**

All nominees must have provided volunteer services to a nonprofit organization in one of the following counties: Baker, Clay, Duval, Nassau and St. Johns.

Volunteer service cannot be a paid job function for the nominee.

Nominations cannot be accepted if the nominee has received an award from us within the last 2 years.

Employees of HandsOn Jacksonville and their families are not eligible.

### **Nomination Instructions:**

The original nomination form must be filled out completely. Please print or type legibly. Well-written forms score higher with judges.

One nominee per form unless you are nominating a group (must be at least 3 people).

Please verify all nominee contact information before sending.

If you send support materials such as brochures, newspaper articles, photographs, newsletters, CD's, videos or letters of recommendation, they will be considered and then discarded.

Nomination forms are the property of HandsOn Jacksonville and will not be returned.

We will notify the nominator when the nomination form has been received.

Please do not contact HandsOn Jacksonville to see if your nominee has won.

We will the award recipients and their nominators by January 31st.

HandsOn Jacksonville reserves the right to provide information about volunteers and their volunteer activities to the news media.

Please note that we have shortened the length of the form for your convenience and have removed the categories from the form. We will place the forms in the most appropriate category or categories if applicable.

**Nominee Information**

Name: \_\_\_\_\_  
Address (no P.O. box please): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dayphone: \_\_\_\_\_ FAX: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Nominator's Name**

Name: \_\_\_\_\_  
Job title (if applicable): \_\_\_\_\_  
Address (no P.O. box please): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dayphone: \_\_\_\_\_ FAX: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Organization** - Nonprofit agency or agencies where nominee volunteers.

Name(s): \_\_\_\_\_  
\_\_\_\_\_

**Verification** - Two references familiar with the nominee's accomplishments that can verify the scope and extent of the nominee's activities.

Name: \_\_\_\_\_  
Address (no p.o. box please): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dayphone: \_\_\_\_\_ FAX: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address (no p.o. box please): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dayphone: \_\_\_\_\_ FAX: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Activity** - Briefly describe the nominee's volunteer services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Impact on the Community** - Describe the impact or difference the nominee's service made in the community. Be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Time** – Approximately how much time has the volunteer dedicated to the activities outline above?  
How long has the volunteer(s) been engaged in these activities?

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**Comments**-Include any additional information you think we should know about. Is the volunteer under 18 years? Are they age 70 or more? Are they uniformed (fire department, police or military) people who volunteer on their own time?

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*Signing your name below signifies that the information submitted is truthful and accurate to the best of your knowledge.*

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Signature of nominator

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Date

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Nominators printed name

No later than October 31 mail or hand deliver the signed original copy and 6 additional copies of ONLY pages 2 - 3 to:

HandsOn Jacksonville, Inc.  
Attn: Lynn Weise Mora  
6817 Southpoint Parkway, Suite 1902  
Jacksonville, Florida 32216