



PRIDE Volunteer of the Month Nomination Form

Date: _____

About the Nominee

Name: _____

Mailing Address: _____

Phone Number: _____

Organization Where Volunteer Service Was Performed (and position, if applicable):

(Paid employees are not eligible for consideration unless service is well above and beyond the description of their regular duties.)

Description of nominated service: (Describe in detail the service you feel is noteworthy.)

Period of Service: _____ to _____

(Need not be limited to month nominated.)

Volunteer Hours: _____

(If recorded)

Related or Other Volunteer Service: (List actions or endeavors that show a pattern of volunteerism. This program recognizes individuals who routinely "give back" to their communities.)

Other Pertinent Information: (Any other information you feel strengthens your nomination and introduces your nominee.)

Place of Work and Job Title (if applicable): _____

About the Person Submitting the Nomination

Name: _____

Title: _____

Organization: _____

Phone Number: _____

Signature: _____