2024 NOMINATION FOR OUTSTANDING VOLUNTEER AWARD - FORM 2

Local Chapter Name:	Area #	
Report submitted by:	Phone:	
Address:		
	County	
OUTSTANDING V	OLUNTEER AWARD NOMINATION	
Name:		
Address:		
	County:	
Youth Volunteer Hours:	Other Volunteer Hours:	
TOTAL VOLUNTEER	R HOURS:	
If the nominee is selected for the Clock	anding certificate: Yes No anding certificate at the RA: Yes No k Award, he/she will submit a headshot picture. Yes No ward, he/she will accept the award at the RA: Yes No	
Using the criteria for Outstanding Volunte	eer provided, submit a description of this year's activities of	
	me of your nominee and check with the IRTA office for	
× •	as of volunteering should be mentioned, both in the <u>Youth</u> and	
0 ,	th and Other volunteer hours as equally important. DO NOT	
-	es, newspaper clipping, etc. Be inclusive but be specific. Please	
	words Please submit your written nomination on this form	
	the list included in this packet to make sure the nominated	
member is not a prior recipient of the Cloc	ok Award.	

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Outstanding Volunteer Name	Area #

Please send your nomination to your Local Community Service Chairperson by January 31.