



GSA Awards for Individuals or Teams Submission deadline: April 30, 2021

1. OVERVIEW

Be sure to review the nomination guidelines using [THIS LINK](#) to ensure your nominee will qualify.

Only one nomination can be made through each form.

All information requested must be provided in order for the nomination form to be considered complete. Incomplete forms will not be considered.

Please note this form cannot be saved and edited/completed later. Be sure to have all your text and information prepared before you start.

Questions about the nomination process may be directed to kelsey.preecs@maine.gov

* 1. Please fill in YOUR (The Nominator) information below:

| | |
|------------------|---|
| Name: | <input type="text"/> |
| Organization: | <input type="text"/> |
| Address: | <input type="text"/> |
| Address 2: | <input type="text"/> |
| City/Town: | <input type="text"/> |
| State: | <input type="text" value="-- select state --"/> |
| ZIP/Postal Code: | <input type="text"/> |
| Email Address: | <input type="text"/> |
| Phone Number: | <input type="text"/> |

* 2. What is your relationship to the nominee (supervisor, employer, neighbor, etc.)?



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2. AWARD CATEGORY FOR NOMINATION

* 1. Select the category under which this nomination should be considered.

- Maine Volunteer of the Year
- Young Maine Volunteer of the Year
- Employee Volunteer of the Year
- Outstanding National Service Volunteer
- Outstanding Volunteer Team
- Excellence in Volunteer Administration
- Excellence in Youth Service Development
- Outstanding Public Sector Volunteer



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3. Info for Maine Volunteer of the Year or National Service Volunteer or Employee Volunteer of the Year

* 1. Enter information below of INDIVIDUAL you are nominating.

Name:

**Organization Where
Nominee
Volunteers/Works :**

Nominee's Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

2. Approximate total years of service:

3. Approximate annual total of volunteer hours:

4. Using the 2000 characters allowed, please describe why and how the nominee meets the criteria for the award for which you are nominating them. Be sure to include a brief description of the program(s) for which the nominee is a volunteer, the extent of their contribution (number of hours in a month/year, what they accomplish in that time, etc.), and the impact of their contribution on the service effort's purpose/mission.

To revisit the award criteria, use this [LINK](#).

5. Please provide contact information for individual submitting first letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

| | |
|-------------------------|---|
| Name: | <input type="text"/> |
| Company: | <input type="text"/> |
| Address: | <input type="text"/> |
| Address 2: | <input type="text"/> |
| City/Town: | <input type="text"/> |
| State: | -- select state -- <input type="button" value="v"/> |
| ZIP/Postal Code: | <input type="text"/> |
| Country: | <input type="text"/> |
| Email Address: | <input type="text"/> |

6. In the space allowed (2000 characters), enter the text of the first letter of testimony/reference for the Nominee from the person previously identified.

7. Please provide contact information for individual submitting second letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

| | |
|-------------------------|---|
| Name: | <input type="text"/> |
| Company: | <input type="text"/> |
| Address: | <input type="text"/> |
| Address 2: | <input type="text"/> |
| City/Town: | <input type="text"/> |
| State: | <input type="text" value="-- select state --"/> |
| ZIP/Postal Code: | <input type="text"/> |
| Country: | <input type="text"/> |
| Email Address: | <input type="text"/> |

8. In the space allowed (2000 characters), enter the text of the second letter of testimony/reference for the Nominee from the person previously identified.

9. Name of local/regional newspaper:



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4. Info for Outstanding Volunteer Team nomination

AWARD CRITERIA: This award recognizes a team of volunteers comprised of family members, employees, friends, students, etc., who have committed significant time and effort over an extended period of time to improving the lives of individuals or the community through volunteer service.

1. How many team members are there?

2. How many years has the team been volunteering?

* 3. Provide the name and contact information for the team member who would be the lead contact.

Name:

**Organization Where
Nominee**

Volunteers/Works :

Postal Address:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

4. Please enter the names of other team members and separate names by commas.

5. In the space allowed, please describe how the team you are nominating meets the award criteria (see above). Be sure to include a brief description of the major volunteer activities, the results (hours, people served, etc.) of their efforts, and the impact their contribution has on the mission or purpose of the programs for which they volunteer.

6. Please provide contact information for individual submitting first letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative of a team member.

| | |
|-----------------------------|---|
| Name | <input type="text"/> |
| Company/Organization | <input type="text"/> |
| Address | <input type="text"/> |
| Address 2 | <input type="text"/> |
| City/Town | <input type="text"/> |
| State | <input type="text" value="-- select state --"/> |
| ZIP Code | <input type="text"/> |
| Email Address | <input type="text"/> |
| Phone Number | <input type="text"/> |

7. In the space allowed (2000 characters), enter the text of the first letter of testimony/reference for the Nominee from the person previously identified.

8. Please provide contact information for individual submitting second letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative of a team member.

| | |
|-----------------------------|---|
| Name | <input type="text"/> |
| Company/Organization | <input type="text"/> |
| Address | <input type="text"/> |
| Address 2 | <input type="text"/> |
| City/Town | <input type="text"/> |
| State | <input type="text" value="-- select state --"/> |
| ZIP Code | <input type="text"/> |
| Email Address | <input type="text"/> |
| Phone Number | <input type="text"/> |

9. In the space allowed (2000 characters), enter the text of the second letter of testimony/reference for the Nominee from the person previously identified.

10. Name of local/regional newspaper:



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5. Info for Young Maine Volunteer of the Year

Recognizes a person under the age of 20 who, through volunteer service, has demonstrated a strong commitment to improving the life of individuals or the community and, by example, shows the meaning of "active citizenship."

* 1. Enter information below of INDIVIDUAL you are nominating.

Name:

If age 17 or younger,
name of
parent/guardian:

Nominee's Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

2. YOUTH VOLUNTEER OF THE YEAR ONLY. Please enter nominee's AGE:

3. Approximate total number of years of service:

4. Approximate total hours volunteered each year:

5. In the space allowed, please describe the volunteer activities of the young person you are nominating. Be sure to include a brief description of the program(s) for which the nominee is a volunteer, the number of people they have served, the impact their contribution has on the community, other volunteer activities they have participated in, and why and how the nominee meets the criteria for the award. (Limit 2000 characters)

6. Please provide contact information for individual submitting first letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

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|-------------------------|---|
| Name: | <input type="text"/> |
| Company: | <input type="text"/> |
| Address: | <input type="text"/> |
| Address 2: | <input type="text"/> |
| City/Town: | <input type="text"/> |
| State: | <input type="text" value="-- select state --"/> |
| ZIP/Postal Code: | <input type="text"/> |
| Country: | <input type="text"/> |
| Email Address: | <input type="text"/> |

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8. Please provide contact information for individual submitting second letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

| | |
|-------------------------|---|
| Name: | <input type="text"/> |
| Company: | <input type="text"/> |
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| ZIP/Postal Code: | <input type="text"/> |
| Country: | <input type="text"/> |
| Email Address: | <input type="text"/> |

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6. Info for either Excellence in Volunteer Administration or Excellence in Youth Service Development

CRITERIA:

Excellence in Volunteer Leadership

Recognizes an outstanding individual whose volunteer program leadership embodies the essential competencies of an effective volunteer leader: advocacy for including volunteers in the work; sound planning for engaging volunteers; effective volunteer recruitment, onboarding, training, assessment, and support; strong documentation and reporting of volunteer accomplishments; evaluation of the impact volunteer services have; and regular acknowledgement and celebration of volunteer contributions. The person may be in a paid or pro bono role.

Excellence in Youth Service Development

Recognizes an individual who is exceptionally adept at supporting youth-driven service that fosters in

Maine students the skills and abilities essential to being an civically engaged citizen. Youth-driven or youth-led service means school-aged youth identify the community need they will tackle, devise a plan for addressing the need, and implement the plan with mentoring or coaching from adults.

* 1. Enter information below of INDIVIDUAL you are nominating.

Name:

Organization Where Nominee Volunteers/Works :

Nominee's Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

2. How many years has this person been doing this work?

3. CURRENT PROGRAM. Please answer the following :

Name of volunteer program

Number of adults or youth serving in the program

4. In the space allowed, please explain how the individual you are nominating meets the criteria for the award. Describe the results the youth or adult volunteers are able to achieve because of the person's leadership as well as the impact on the community need or issue their service addresses.

5. Please provide contact information for individual submitting first letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

| | |
|-------------------------|---|
| Name: | <input type="text"/> |
| Address: | <input type="text"/> |
| Address 2: | <input type="text"/> |
| City/Town: | <input type="text"/> |
| State: | <input type="text" value="-- select state --"/> |
| ZIP/Postal Code: | <input type="text"/> |
| Email Address: | <input type="text"/> |

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|-------------------------|---|
| Name: | <input type="text"/> |
| Address: | <input type="text"/> |
| Address 2: | <input type="text"/> |
| City/Town: | <input type="text"/> |
| State: | <input type="text" value="-- select state --"/> |
| ZIP/Postal Code: | <input type="text"/> |
| Email Address: | <input type="text"/> |

8. In the space allowed (2000 characters), enter the text of the second letter of testimony/reference for the Nominee from the person previously identified.

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7. Certification Page

* 1. Please type your name below certifying that all the information contained in the application is accurate and true to the best of your knowledge.

Please Note: Due to the volume of applications, incomplete nominations will not be accepted. Please be sure you have answered all questions required completely.

Nominations will only be accepted online and no other supporting documentation sent to us will be considered.

