



## 2020 GOVERNOR'S VOLUNTEER SERVICE AWARD NOMINATION ELIGIBILITY AND SUBMISSION GUIDELINES

### ELIGIBILITY

1. Nominees must have been engaged in volunteer activities for a **minimum of one year in North Carolina** and benefited a community or communities in the state in a substantial, important or unique way. Volunteer service performed outside the state will not be considered.
2. Students receiving course credits for their volunteer activities are ineligible **unless** the nomination is based on volunteer service that extends **beyond** the course requirements, in which case it must be clearly indicated in the nomination statement.
3. National Service volunteers must be nominated for service **above and beyond** that which is required of them in their national service program. Volunteer time recorded in a national service program will not be eligible.
4. Previous award recipients from within the past 10 years are ineligible.
5. Nominees are ineligible if they receive compensation for their service.
6. Nomination cannot be based upon court-mandated community service.
7. Nomination cannot be based upon serving as a "loaned executive."
8. Self-nominations are **not** allowable.
9. Family members may **not** nominate another family member for an award.
10. Group/team and corporate volunteerism nominations must be made by those **external** to the group/team or corporation/business.
11. **All nomination submission requirements listed below must be met.**
12. Director of Volunteers who are paid for their service must be nominated in the non-volunteer service category.

### IMPORTANT SUBMISSION REQUIREMENTS

1. All nominations must be submitted on the 2020 Governor's Volunteer Service Award nomination form.
2. Only fully completed nomination forms will be accepted. **Sections 1-5 must be completed.** Incomplete nominations will not be considered for the award.
3. While we regret any inconvenience it may cause, all nominations must be typed. **Handwritten forms will not be accepted.** Email [volunteernc@nc.gov](mailto:volunteernc@nc.gov) for this form in Word.
4. One additional reference is **required** for each nomination.
5. The nomination form **must** be signed and dated by the nominator. Forms without a signature will be considered as incomplete and not considered for the award.
6. The nominator may **not** serve as the only reference.
7. Nomination attachments/supporting documentation (photographs, letters, etc.) will **NOT** be accepted.
8. The deadline for county coordinators to submit their nomination packet to the Governor's Office is **Friday, January 31, 2020**. County coordinators should establish a local deadline for accepting nominations to allow adequate time for the local selection process and submittal by the 1/31/20 due date.

### AWARD SELECTION

- Award selections are based on the nominee's volunteer efforts and commitment of time, accomplishments, community impact and enhancement of the lives of others, as described on the nomination form.
- Nominations are received and evaluated at the county level. The county may submit **up to ten** nominations to the Commission to be considered for the Governor's Volunteer Service Award. **One** of the nominees may be recommended as a nominee for the Medallion Award, the state's highest level of volunteer recognition. The county may also recommend **one** non-volunteer (paid) Director of Volunteers to be considered for a Medallion Award.
- The Commission will select award recipients based on merit and eligibility. Recipients are selected without regard to race, religion, gender, national origin, or physical/mental disability.
- Nominations for the Governor's Medallion Award are reviewed and evaluated by a statewide review panel that determines the recipients of the award. The award is given to the state's top 20 volunteers and one paid Director of Volunteers.

County: \_\_\_\_\_

**2020 GOVERNOR'S VOLUNTEER SERVICE AWARD  
NOMINATION FORM**

**SECTION 1 – NOMINATION CATEGORIES (COMPLETION REQUIRED)**

**NOMINEE TYPE**

- Adult/Individual:** An individual who performs extraordinary service.
- Family:** A family that volunteers together on the same project(s).
- Group/Team:** A group or team of two or more people that volunteer together on the same project(s).
- Youth:** A person (age 18 or younger) who volunteers.
- Senior:** A person (age 55 or older) who volunteers.
- Disabled:** A person who has overcome significant obstacles (mental and/or physical) in order to engage in service to others.
- Faith-Based Entity:** An individual, family, group/team, youth or senior that volunteers through a faith-based community organization.
- Corporate/Business:** A for-profit entity that has made a substantial impact in the community by encouraging employees to engage in public service.
- National Service:** Anyone who volunteers with a National Service program (AmeriCorps, VISTA or Senior Corps).
- Director of Volunteers:** A **paid** staff member who exceeds expectations of good volunteer management skills including recruitment, training, coordination, risk management, evaluation, retention and recognition of volunteers. *Other related job titles may include Volunteer Program Director or Manager of Volunteers.*

**SERVICE CATEGORIES / Mark all boxes that apply to the nominee's service**

- Veteran/Military:** Provides volunteer services to military families or veterans.
- Serving Youth:** Demonstrates an outstanding commitment to mentoring or educating youth.
- Disaster:** Volunteers in disaster preparedness, response, recovery or mitigation activities. (unpaid)
- Animals:** Demonstrates outstanding commitment to volunteering with or for animals.
- NC Preservation:** Restores or preserves North Carolina's historical, cultural or arts heritage.
- Environment:** Indicates an exceptional commitment to environmental stewardship.
- Health & Human Services:** Shows remarkable dedication to those in need.

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- Lifetime Achievement:** An individual who has exhibited a lifelong commitment to volunteerism and community service. Nominees must have made a substantial and long-term sustained impact in the community as a result of their service efforts.

**SECTION 2 – Nominee Information**

**Title:**  Ms.  Mrs.  Mr.  Dr.  Other \_\_\_\_\_  
**Name** \_\_\_\_\_  
**Organization** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Email Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_

**SECTION 3 – Nominator and Reference Information  
(COMPLETION REQUIRED)**

**IMPORTANT REQUIREMENTS FOR THIS PAGE**

1. One additional reference is required.
2. The nominator and one reference must sign and date the page.
3. Forms without the required dated signatures will not be accepted.
4. The nominator may not serve as the only reference.

**NOMINATOR/REFERENCE**

**Name** \_\_\_\_\_  
**Relationship to Nominee** (i.e. volunteer supervisor) \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_  
**Signature** \_\_\_\_\_

**ADDITIONAL REFERENCES (One Required)**

*(Person familiar with nominee's volunteer service)*

**REFERENCE #1**

**Name** \_\_\_\_\_  
**Relationship to Nominee** (i.e. volunteer supervisor) \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**REFERENCE #2 (Optional)**

**Name** \_\_\_\_\_  
**Relationship to Nominee** (i.e. volunteer supervisor) \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**SECTION 4 – Service Details  
(COMPLETION REQUIRED)**

**Organization** \_\_\_\_\_

**Average # of Hours per Week** \_\_\_\_\_

**# of Weeks Volunteered Per Month** \_\_\_\_\_

**Estimated Annual Hours** \_\_\_\_\_

**SECTION 5- Nomination Statement  
(COMPLETION REQUIRED)**

**Please explain the main reasons this nominee is being nominated. Describe the nominee’s outstanding commitment to volunteerism and to the agency or organization they served. Mention outstanding accomplishments and how the impact of their service has helped meet critical needs in their community. Describe the nominee’s special skills, qualities and/or leadership.**

*\*Except for lifetime achievement nominees, please focus on this past year of service only.*

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**SUPPLEMENTAL PAGE – Additional Information about nominee’s service**

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**SUPPLEMENTAL INFORMATION – ADDITIONAL NOMINEE NAMES (if applicable)**

**\*NOTE:** This page should be completed only for Family or Team Volunteering nominees

**Nominee Name:** \_\_\_\_\_ **County** \_\_\_\_\_

**Member #2**

**Name:** \_\_\_\_\_

**Member #3**

**Name:** \_\_\_\_\_

**Member #4**

**Name:** \_\_\_\_\_

**Member #5**

**Name:** \_\_\_\_\_

**Member #6**

**Name:** \_\_\_\_\_

**Member #7**

**Name:** \_\_\_\_\_