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# **VOLUNTEER OF THE YEAR**

**NOMINATION GUIDELINES**

**1****. PURPOSE**. To recognize exemplary contributions and prescribe guidelines for nominating individuals for Fort Jackson Volunteer of the Year within the following categories: **Youth Volunteer of the Year**”; “**Active Duty Military Volunteer of** **the Year**”; “**Retiree Volunteer of the Year**”; and “**Family Member/Civilian Volunteer of** **the Year**”.

**2. GUIDELINES FOR ELIGIBILITY.** Guidelines for nominating your organizations exemplary volunteers:

a. Any agency, unit or organization that is served by volunteers can submit nominations.

b. The volunteer must have given exemplary service to the Fort Jackson agency nominating the volunteer between **01** **March 2023 thru 29 February 2024**.

c. Include in the nomination package the needs met by volunteer service and any unusual obstacles that were overcome. The nomination statement must clearly describe the exemplary service for which the person is nominated.

d. The attached “Volunteer of the Year” nomination form must be submitted to the Army Volunteer Corps Coordinator’s office **NLT, 29 March 2024** for nominees to be eligible for consideration.

e. The Commander, Director, or Supervisor of the unit, agency, or organization must endorse nominations (i.e., Red Cross Station Manager, Superintendent of Schools, Youth Director, and Family Readiness Groups) for nomination to be accepted.

f. Each “Volunteer of the Year” category will be selected by an independent panel of five members of the surrounding Columbia community.

**3. Point of Contact:** Any questions or concerns, please contact Mrs Marilynn Bailey, 751-5444, [marilynn.s.bailey.civ@army.mil](mailto:marilynn.s.bailey.civ@mail.mil).

  **NUMBER: \_\_\_\_\_\_\_\_**

VOLUNTEER OF THE YEAR

CATEGORIES: YOUTH RETIREE ACTIVE DUTY MILITARY

**(Circle One)**

**FAMILY MEMBER CIVILIAN**

**Nominee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Include Rank/Grade)**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominating Agency: \_\_\_\_\_ \_Agency Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Person Making Nomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NUMBER: \_\_\_\_\_\_\_**

**DO NOT USE VOLUNTEER’S NAME BELOW**

**Estimated Number of Hours per Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Held (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of time in position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other organizations Nominee Volunteers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason or justification: Explain the effects of the volunteer’s service in the community – BE SPECIFIC (Use separate sheet if needed)**

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