

UNIT FREA Volunteer of the Year Nomination

NOMINEE MUST BE FREA MEMBER

NAME OF NOMINEE	AGE
ADDRESS	
CITY	ZIP
PHONE	E-MAIL
YEARS OF SERVICE SINCE RETIREMENT	YEARS IN FREA
Local REA Positions held:	
Past:	
Current:	

Agencies, and organizations, etc. for which volunteer work is done. Please list approximate hours for the **current year only**. (attach a continuation if necessary)

Organization	Hours
Total Hours	
Honors Received for Volunteerism Give name(s) of award(s) and date(s) within the last two years	

ATTACH THE FOLLOWING:

1. A letter of recommendation from the primary organization for which the nominee has volunteered.
2. A recent photograph of nominee.
3. A short paragraph (250-300 words) *“How my volunteer activity positively affected my community or an individual”*.

NAME OF UNIT (full name)	District
UNIT VOLUNTEER SERVICES CHAIRMAN	
PHONE	E-MAIL
IF SELECTED, WILL NOMINEE ATTEND STATE FREA CONVENTION?	YES NO

Return This Form by February 15 to your DISTRICT Volunteer Services Chairman (Name available from Unit President)

