



GOVERNOR'S VOLUNTEER SERVICE AWARD

The Governor's Volunteer Service Award (GVSA) honors the true spirit of volunteerism by recognizing individuals who significantly contribute to their community through volunteer service. The Commission reviews county recommendations and awards are given out in the counties. The guidelines and application form are provided below.

ELIGIBILITY GUIDELINES

1. Nominees must have been engaged in volunteer activities for a minimum of one year in North Carolina. Volunteer service performed outside the state is ineligible.
2. Nominees are ineligible if they receive compensation for their service.
 - a. This includes service done for school credit, in the official capacity of National Service programs, as a "loaned executive", or for other forms of compensation.
3. Nominees are ineligible if they are required to do the service.
 - a. This includes service mandated by schools, the court, or other authorities.
4. Self-nominations are ineligible.
5. Family members may not nominate their family members.
6. Group Nominees must be made by someone external to the group.
7. Previous award recipients from within the past 10 years are ineligible.

SUBMISSION GUIDELINES

1. All nominations **must** be submitted on **this** nomination form or on the link on our website (nc.gov/volunteer).
2. All **required parts** of the nomination form **must** be completed
3. All nominations must be **typed**. Email kenneth.mclellan@nc.gov for a copy of the nomination form in Word.
4. The nomination form **must** be **signed** and **dated** by the nominator.
5. Additional information and/or supporting documents **will not** be accepted.
6. Nominations must be submitted by the **deadline**.
7. One additional reference is required for each nomination.

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. Nominations are evaluated by the appropriate County Award Coordinator who submits up to ten nominations to the Commission for consideration. Of the submitted, one may be recommended (at the discretion of the County Award Coordinator) for the Medallion Award, the highest level of volunteer recognition in the state. *Please note if a group is awarded the Medallion, only one physical medallion is given and extra medallions are not available for purchase.*

The Commission selects award recipients based on merit and eligibility and without regard to race, ethnicity, religion, gender, national origin, or physical/mental disability.

PRIMARY COUNTY OF SERVICE: _____
2024 GOVERNOR'S VOLUNTEER SERVICE AWARD NOMINATION FORM

Section 1-Nomination Categories (Completion Required)

Special Volunteer type

- Individual:** one person providing outstanding volunteer service.
- Group:** two or more individuals who volunteer together as a team.
- National Service:** Anyone who volunteers with a National Service program (AmeriCorps, VISTA, or AmeriCorps Seniors).
- 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 job titles may include Volunteer Program Director or Manager of Volunteers.*

Section 2-Nominee Service Information

Area of Volunteer Service: (Mark all that apply. Minimum 1 response req.)

- Veteran/Military:** Notable service to military families or veterans.
 - Youth:** Extraordinary commitment to mentoring or educating youth.
 - Seniors:** Significant devotion to assisting older adults.
 - Historically Underserved Populations:** Noteworthy dedication to assisting marginalized populations.
 - Disaster:** Remarkable volunteerism in disaster preparedness, response, recovery, or mitigation.
 - Animals:** Outstanding dedication to volunteering with or for animals.
 - Cultural:** Remarkable devotion to restoring or preserving history, culture, or the arts
 - Environment:** Exceptional commitment to environmental stewardship.
 - Health and Human Services:** Significant devotedness to those in need.
 - 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 because of their service efforts.
 - Other:** Areas of service not listed above.
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Section 3-Nominee Information

Title: Dr. Rev. Hon. Other: _____

Name (First and Last or Group Name):

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

If your nominee is a youth or senior volunteer, please check the appropriate box below: (Mark if applicable)

Youth: A volunteer who is 19 or younger.

Senior: A volunteer who is 55 or older.

Section 4-Service Details

Organization(s) where the nominee volunteers:

Primary County of Service: _____

For the below, provide an estimate. For group nominations, provide a combined estimate.

Number of Hours Volunteered Per Week : _____

Number of Weeks Volunteered Per Month: _____

Number of Hours Volunteered Annually: _____

Section 5-Nominator Information

IMPORTANT REQUIREMENTS FOR THE NOMINATOR AND REFERENCE SECTION

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 Name: _____

Relationship to Nominee (ex. volunteer supervisor):

Phone: _____ Email Address: _____

Preferred method of contact (circle one): Phone / Email

Signature: _____ Date: _____

Section 6-References

REFERENCE 1 (ONE REQUIRED)

Name: _____

Relationship to Nominee (ex. volunteer supervisor):

Phone: _____ Email Address: _____

Preferred method of contact (circle one): Phone / Email

Signature: _____ Date: _____

REFERENCE 2

Name: _____

Relationship to Nominee (ex. volunteer supervisor):

Phone: _____ Email Address: _____

Preferred method of contact (circle one): Phone / Email

Signature: _____ Date: _____

