



**MIDDLE STATES**

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## **VOLUNTEER OF THE YEAR AWARD**

**Eligibility:** Any person who has at least five years of association with the district.

**Nominee Information:**

District: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

**Criteria for Consideration:** Please provide a descriptive summary for each of the criteria listed below. You may attach extra pages as deemed necessary.

1) What types of volunteer activities were performed for the district.

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**Supporting Information:** In addition to the information provided above, the USTA/MS Awards Committee strongly encourages you to attach supporting information such as a professional resume, letters of recommendation, newspaper articles and lists of awards received.

**Nomination Submitted By:** \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

*NO FAX ENTRIES WILL BE ACCEPTED*