

AGENCY COUNCIL
United Way of Eastern LaSalle County
1400 LaSalle St.
Ottawa, IL 61350

EASTERN LASALLE COUNTY AREA
OUTSTANDING VOLUNTEERS OF THE YEAR

Nominating Form

Each agency/business/organization who serves the communities of Dayton, Grand Ridge, Harding, Leland, Marseilles, Naplate, Norway, Ottawa, Seneca, Serena, Sheridan and/or Wedron can nominate a maximum of one individual per category (16 total individuals). Completed forms and photographs are due to the AGENCY COUNCIL at the United Way of Eastern LaSalle County no later than noon, June 15, 2009. Questions can be directed to Rich Escutia at Ottawa YMCA at 815-433-2395.

NAME OF NOMINEE _____

PHONETIC SPELLING (for Presenter) _____

STREET ADDRESS _____ **CITY** _____ **ZIP** _____

TELEPHONE (H) _____ **(W)** _____

LENGTH OF VOLUNTEER SERVICE FOR YOUR AGENCY /ORGANIZATION: _____

CATEGORY (PLEASE CHECK ONE):

- | | |
|-----------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Animal Welfare | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Arts & Cultural | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Civic | <input type="checkbox"/> Religious & Spiritual |
| <input type="checkbox"/> Education | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Environment & Habitat | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Family | <input type="checkbox"/> Senior Citizen |
| <input type="checkbox"/> Good Neighbor | <input type="checkbox"/> Youth (nominee must be under age 21) |
| <input type="checkbox"/> Group | <input type="checkbox"/> Youth (nominee works with youth organization) |

WHAT TYPE OF SERVICE HAS THIS VOLUNTEER RENDERED TO THE AGENCY, ORGANIZATION, OR COMMUNITY?

OVER

HOW HAS THIS VOLUNTEER BEEN AN ASSET TO THE AGENCY, ORGANIZATION, OR COMMUNITY?

IF YOU WERE A JUDGE, WHY DO YOU BELIEVE THIS PERSON SHOULD BE GIVEN THIS AWARD?

SPONSORING AGENCY/ORGANIZATION _____

CONTACT PERSON & TITLE _____

STREET ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____ FAX _____