GSA Nomination Form: ORGANIZATION or SERVICE-LEARNING

1. OFFICIAL MAINE GSA NOMINATION FORM: GROUP OR ORGANIZATION

Be sure to review the nomination guidelines on VolunteerMaine.org/governors-service-awards/ to ensure your nominee will qualify.

All information requested must be provided in order for the nomination form to be considered complete. Incomplete forms will not be considered.

Please note the difference between "Exit" and "Submit." A nominator who exits a form before submitting might be able to return and complete the form if the same computer is used. However, once a form is submitted (button at the bottom of certification page) it cannot be edited.

Questions about the nomination process may be directed to
Service.Commission@maine.gov
OR
GovServiceAwards@VolunteerMaine.org .

To PREVIEW questions before entering the survey, go to http://volunteermaine.org/group-organization-criteria/

*1. Please fill in YOUR (the nominator) information below:

Name:

Organization:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

*2. What is your relationship to the nominee? (Supervisor, employer, neighbor, principal etc.)

2. AWARD CATEGORIES

*1. For which GROUP or ORGANIZATION award are you making a nomination?

◯ School District Excellence in Service Learning

◯ Small Business Volunteerism

◯ Corporate Volunteerism

◯ Non-Profit Award

If service-learning selected, skip to page #4

3. GROUP AND ORGANIZATION AWARDS

*1. Please fill in the information for the group or organization you are nominating.

Contact Person:

Oganization:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

2. NON-PROFIT AWARD ONLY. Please enter the EIN number of the non-profit that you are nominating. We will verify non-profit status with Guide Star. This is required.

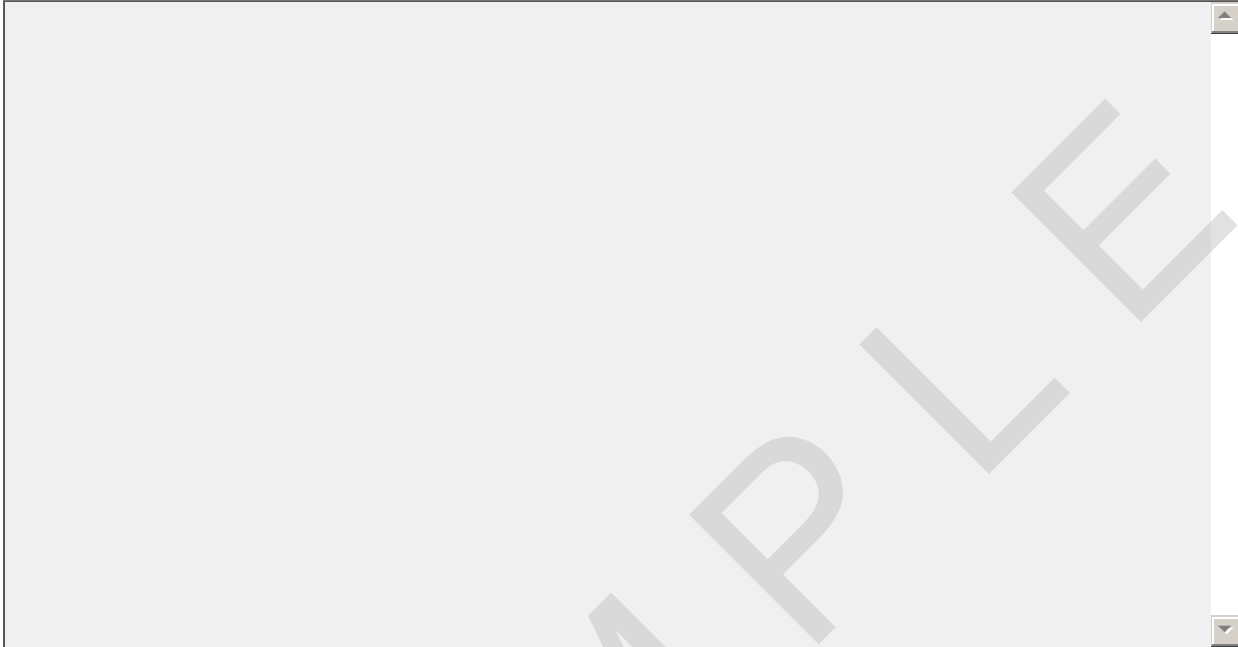**3. Approximate number of volunteers in GROUP or ORGANIZATION.**

4. Approximate annual total of volunteer hours.

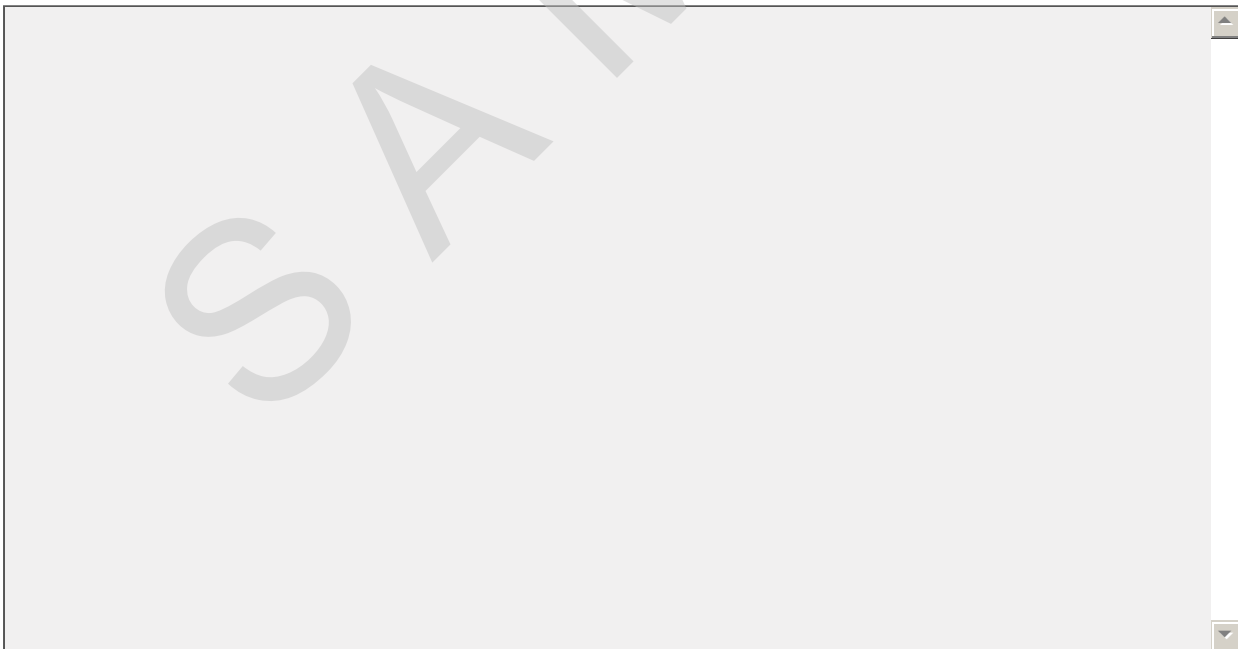**5. Approximate number of person(s) impacted by service.**

*6. Name of local/regional newspaper

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7. SUMMARY OF VOLUNTEER ACTIVITY Please describe in the space allowed the volunteer activities of the GROUP or ORGANIZATION. Be sure to include a brief description of the program(s), the number of people they have served, the impact their contribution has on the community, and why and how the nominee meets the criteria for the award. No additional documentation or materials will be accepted.

✱8. In the space allowed, please provide one letter of testimony from a person other than the Nominator. (You may simply type in the author's name in place of a signature.)

*9. Please fill in the information for ONE additional reference with knowledge of the organization's volunteer service.

Name:

Company/Organization/Group:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

4. School District Excellence in Service Learning Award

AWARD CRITERIA- School District Excellence in Service Learning- Recognizes excellence in K-12 school district wide service learning implementation. Activities should demonstrate best practices in service learning implementation. Across the district service learning should integrate meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.

1. Please fill in the information for the SCHOOL DISTRICT you are nominating here.

Contact Person:

School District:

Address:

Address 2:

City/Town:

State:
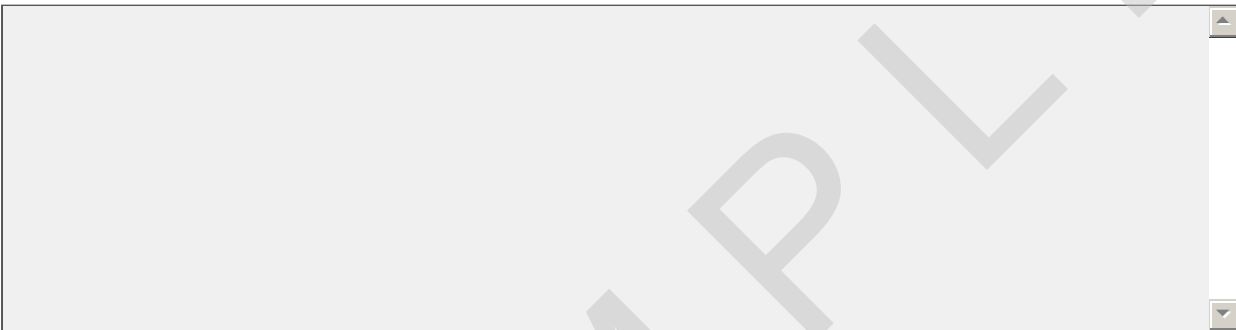
ZIP/Postal Code:

Email Address:

2. Approximately what percentage of students in the district participate in Service Learning.

3. Has the School District adopted policies supporting district wide Service Learning? If yes, please describe the nature of these policies briefly. If no, please type NA.

4. Are all schools in the district participating in Service Learning? If your answer is NO, please explain briefly. If your answer is YES, type the word YES.

5. Name of local/regional newspaper
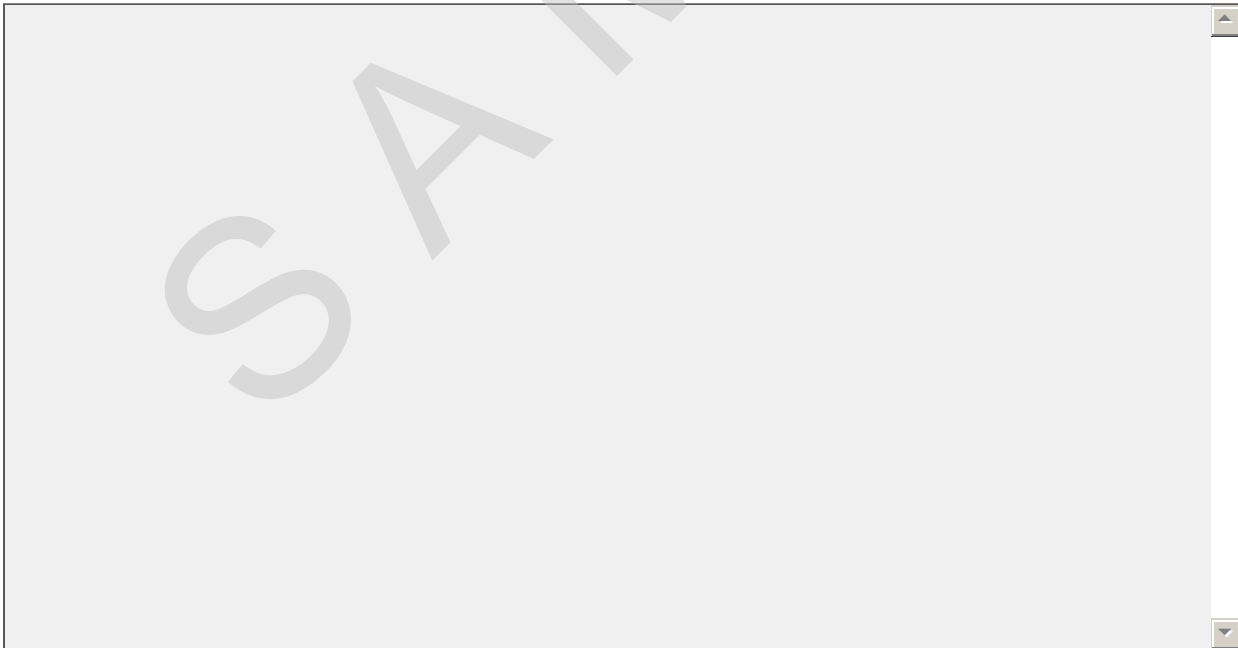
6. SUMMARY OF SERVICE LEARNING IMPLEMENTATION: Please describe in the space allowed the Service Learning related activities of the SCHOOL DISTRICT you are nominating. Be sure to include a brief description of the program(s), the impact their contribution has on the community, and why and how the nominee meets the criteria for the award. No additional documentation or materials will be accepted.

7. In the space allowed, please provide one letter of testimony from either a community partner or beneficiary. (You may simply type in the author's name in place of a signature.)

8. Please fill in the information for ONE additional reference with knowledge of the Nominee's service learning activities.

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

5. Certification Page

*1. Please type your name below certifying that all the information contained in the application is accurate and true to the best of your knowledge.

Please Note: Due to the volume of applications, incomplete nominations will not be accepted. Please be sure you have answered all questions required completely.

Nominations will only be accepted online and no other supporting documentation sent to us will be considered.