City of St. Marys

Quarterly Community Service Volunteer Recognition

Guidelines

1. Volunteer or volunteers should be nominated by a community member who has knowledge of the work done.

2. Volunteer work should represent 20 or more hours of documented, uncompensated service to our community. (Snacks and drinks are fine.)

3. Most of the volunteer service should take place in St. Marys, although it is understood that some projects will also benefit other areas of our community.

4. Nomination forms should be sent via email to Marsha.klecan@stmarysga.gov or delivered to City Hall to Ms. Marsha Klecan.

5. Closing date for quarterly nominations is the Friday ending the third week of the month preceding the quarterly town hall meeting . . i.e. June 21, September 20, and December 20.

6. The judges for Community Service Volunteer of the Quarter will be Pat Neleski and Marsha Klecan; Councilmember Linda Williams will vote only to break a tie.
Nomination Form for City of St. Marys
Community Service Volunteer of the Quarter

I nominate ________________________________________ for Community Service Volunteer of the Quarter.

Nominee contact info: Home _______________________    Cell ____________________________

Email address of nominee:  ____________________________________________________________

Describe the service provided by the volunteer ___________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Share additional details you feel may be pertinent ________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
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_____________________________________________________________________________________

Attach photos to this application, if available, of the volunteer in action.

Verify that the volunteer agrees with being nominated and is willing to have photos of the community service efforts shared:   __________ Yes   __________ No

How may we reach you if we have questions?

_____________________________________________

_____________________________________________

Signed:______________________________________________