

Oklahoma Department of Corrections
VOLUNTEER or VOLUNTEER ORGANIZATION OF THE YEAR
Nomination Form

Nominee: _____ **Date:** _____

Job Title/Position: _____

Facility/District/Unit/Division: _____

PURPOSE: To demonstrate our commitment to volunteers in our profession, the *Volunteer or Volunteer Organization of the Year* award will be given to the individual or organization that has made a significant contribution to the Oklahoma Department of Corrections. **CRITERIA: Should include, but is not limited to the individual/organization whose actions and advocacy have substantially benefited the agency, whose work exemplifies outstanding service and dedication, and whose efforts to build coalitions, partnerships or other forms of local support have contributed to the success of the agency.**

List professional and community activities (identify membership/community service performed, offices held, awards received, etc.). Additional information may be attached on a separate sheet.

Describe the work related reasons why you believe this nominated volunteer or volunteer organization should be selected as the agency's *Volunteer or Volunteer Organization of the Year* (i.e., number of hours volunteered, success of program, impact on reentry efforts, etc.) Provide specific examples and details. Additional information may be attached on a separate sheet.

(Printed Name of Nominator) (Signature) (Facility/District/Unit) (Date)

(Facility/District/Unit Head Signature/Date) (Division Administrator Signature/Date)

NOTE: **Upon signature of the division administrator, the form will be forwarded to the chief administrator of Employee Services and set for review by the Volunteer and Religious Services Unit.**