



Volunteer of the Month

Sponsored by Black Hills Urgent Care, a division of Black Hills Surgical Hospital

Nominee's Name:

Address:

City, State, Zip:

Home Phone:

Work Phone:

Nominating Agency:

Person submitting the nomination:

Address:

City, State, Zip:

Phone:

Publicity Release:

If I am selected as the Volunteer of the Month, the Helpline Center may use my name and image for purposes of news, publicity and promotions. **Winners will be honored in the month they are selected and at the annual Spirit of Volunteerism Banquet in 2016!**

Volunteer Nominee Signature (if 18 years or older): _____

Parent/Guardian Signature (if volunteer nominee is under 18): _____

Please attach a 1 page (no more than 500 word) narrative and include the following information:

1. Volunteer activities nominee performs for the agency
2. Length of service/time committed
3. Why the above person should win the award
4. Any additional information you want the selection committee to know

Mail completed nominations to:

Helpline Center
Volunteer Connections
529 Kansas City St. Suite 200, Rapid City, SD 57702

Or e-mail: lynn@helplinecenter.org

Nominations for this cycle are due **April 1, 2015**