**Special Olympics Michigan**

**Outstanding Volunteer Award**

**I. Purpose**

Special Olympics Michigan relies on the support of 20,000 volunteers statewide to make its sports program for persons with intellectual disabilities a reality. By honoring a volunteer from each of the 36 local area programs, we hope to recognize the tremendous commitment and contributions made to our program by volunteers.

**II. Method of Nomination**

Area Directors will submit the names of their respective area’s Outstanding Volunteer to the Special Olympics Michigan state office. Nominations should be postmarked or faxedno later than **March 16, 2020**. Each area may submit only one name. Please email to [somi@somi.org](mailto:somi@somi.org) or fax to 989-774-3034.

All Area Outstanding Volunteers will be invited, along with a guest, to attend the Outstanding Volunteer and Coaches Banquet on **Wednesday,** **May 27, 2020**. Area Directors and guests also will be invited. During the banquet, all outstanding area coaches and volunteers will be recognized and presented with an award.

**III. Criteria**

The following criteria may be considered when naming Area Outstanding Volunteers:

1. Years of involvement with Special Olympics.

2. Nomination forms must show that the nominee has made a demonstrated impact upon Special Olympics programming at the local/area level through volunteering in a variety of capacities such as: coach, chaperone, fundraiser, publicist, office help, advisory council, accounting, etc.

**Special Olympics Michigan**

**Outstanding Volunteer Nomination Form**

Nomination forms must be postmarked or faxed to the Special Olympics Michigan state office no later than **March 16, 2020**. Please email to [somi@somi.org](mailto:somi@somi.org) or fax to 989-774-3034.

Area Area Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Outstanding Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State / Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (cell) (home)

Number of years as a Special Olympics volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe volunteers’ involvement with Special Olympics (i.e. management team, fundraising, chaperoning/coaching). We encourage you to attach additional sheets of paper to tell your story, if necessary.

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Approximately how many hours a week does he/she spend volunteering?

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Please describe the volunteer’s relationship with athletes.

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Please describe a memorable moment about this volunteer that has stuck out in your mind.

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What makes this volunteer different from other volunteers?

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Area Director’s Signature: Date:

***If possible, please also include a letter from another individual from your area in support of your choice for “Outstanding Volunteer”***