



MINNESOTA STATEWIDE ACTIVITY PROFESSIONALS

*“A source for education, support, ideas, and opportunities
to enhance the lives of those we serve.”*

MN SWAP Award Nomination for “Volunteer of the Year”

Please provide detailed information to the following questions. Use additional pages if needed.

Name of Nominee: _____

Address of Nominee: _____

Phone # of Nominee: _____

Name of Nominator: _____

Address of Nominator: _____

Phone # of Nominator: _____

Email of Nominator: _____

MN SWAP Membership # _____ Expiration _____

The person who is nominating an individual for the Volunteer of the Year must be a current MN SWAP member. For membership status contact Julie Reginek at julie.reginek@ridgewater.edu.

Brief summary for reason of nomination:

Nomination for the Volunteer of the Year needs to include no more than two letters (one page each) of support. Please do not include any identifying information such as facility name or person's name if possible. Describe the nominee's volunteer service, number of years/hours volunteered, uniqueness of the volunteer service, and other pertinent characteristics of the volunteer nominee. Include this form along with supporting letters and submit to the MN SWAP Vice President no later than by July 1st.

Volunteer of the Year

Number of years of volunteer service:

This volunteer demonstrates commitment of volunteerism by:

This volunteer's uniqueness style of service can be described as:

This volunteer's outstanding qualities demonstrated while carrying out their volunteer duties are:

Special recognition and/or awards this volunteer has received throughout their career have been:

Please describe why you feel this volunteer stands out and is deserving of this award: