

## **Volunteer of the Year Nomination Form**

## Application due no later than June 1st of Current Season

This prestigious award recognizes an adult volunteer who has displayed outstanding efforts to foster, operate and promote certified bowling programs at the local or state level.

Please complete this nomination form completely and return to the address at the bottom of this form.

## **Section A- Nominee Information**

Name		USBC #	Phone	
E-Mail				
	<u>List Organiza</u>	ition(s) for which the Nor	minee Volunteers	
Name of Organization _				
Number of Years				
Name of Organization _				
Number of Years				
Name of Organization _				
Number of Years				
Name of Organization				
Number of Years				
Name of Organization _				
Number of Vears				

ease explain the nominee's involvement with each organization and why you feel they	are worthy of
onsideration for this award. (Please attach another document if need more room) Feel f	ree to include any
tters of recommendation/support for the nominee.	

## **Section B - Your Information**

Name		Phone	
Address			
Email		Your connection to nominee:	
Your signature		Date	
Send Nominations to	Recognition Committee Oregon State USBC PO Box 207		

Email:

Bend, OR 97709

recognition@osusbc.com