



FORT RUCKER VOLUNTEER OF THE QUARTER AWARDS SUBMISSION FORM



**SUBMISSION MUST BE SIGNED BY BRIGADE/TENANT COMMAND/USAG COMMANDER OR DESIGNEE OR
DIRECTOR OF AUTHORIZED PRIVATE ORGANIZATION.**

Please submit this form along with a one sentence script describing the individual volunteer's experience to be read at the recognition ceremony.

Email: vernon.b.johnson.civ@mail.mil

NOMINEE'S INFORMATION

PLEASE ENSURE INFORMATION IS COMPLETE AND ACCURATE TO ENSURE NOMINEE CAN BE CONTACTED

Nominee's Name *(Exactly as it should appear on certificate, to include Rank)* _____

Mailing address _____

Phone _____ Email _____

Title Prefix *(Miss, Mr., Mrs., Dr.)* _____

Please check all that apply: ☐ 18 or under ☐ Active Duty Military ☐ Family Member ☐ DA Civilian ☐ Retiree

IF THE NOMINEE IS ACTIVE DUTY MILITARY, LIST CONTACT INFORMATION FOR UNIT'S COMMAND SERGEANT MAJOR

CSM Name _____ CSM Phone _____

CSM Email _____

VOLUNTEERING DETAILS

Volunteer Organization Name _____

Nominee's Position _____

Total hours contributed in nomination period _____ Hours documented on: ☐ VMIS ☐ Paper

List all organizations for which Nominee volunteers _____

List all awards Nominee received during nomination period _____

NOMINATOR'S INFORMATION

Name _____ Rank/Grade _____

Unit/Organization _____ Title _____

Email _____ Phone _____

Signature _____ Date _____

COMMANDER/DIRECTOR/DESIGNEE SIGNATURE

Name _____

Signature _____ Date _____

Email _____ Phone _____

SUBMISSIONS DUE 1 October 2018