



**NATIONAL VOLUNTEER WEEK
2017**

CARING AWARDS
for
Student Volunteering



Presented April 27, 2017

application deadline Wed. April 12, 2017@4 p.m.



Sponsors:

***The Volunteer Centre of St. Lawrence-Rideau
Investors Group***

Volunteer Centre of St. Lawrence-Rideau
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(613) 498-2111 Ext 374 (800) 926-0777
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What is the *PURPOSE* of the awards?

RECOGNITION FOR:

- ✓ **exceptional** student volunteers
- ✓ good **citizenship**
- ✓ betterment of **community**
- ✓ modelling: **caring, integrity, fairness, respect empathy**

What is the *NOMINATION CRITERIA*?

- ✓ **A Student** volunteering in Leeds Grenville
- ✓ Commitment **beyond mandated 40 hrs**

What are the award *CATEGORIES*?

Grade 1–Grade 8 Grades 9 – 12 Post-Secondary

How is the *SELECTION* performed?

A Committee of Member Agency & Community reps will base selection on the:

- ✓ extent of volunteer **service**
- ✓ volunteer **position(s)**
- ✓ reference **recommendations**

What will award recipient *RECEIVE*?

A small trophy & bursary will be presented at a celebration of
National Volunteer Week on Thursday, April 27, 2017

Grades 1 - 8 \$50 Grades 9 – 12 \$100 Post-Secondary \$150

What is the *DEADLINE* for submission?

WEDNESDAY, APRIL 12, 2017 @ 4 pm



2017 CARING AWARDS for Student Volunteering



SUBMIT NOMINATION FORM ~ deadline Wed. April 12, 2017@4pm
BY FAX-(613) 498-2116 or EMAIL- info@volunteercentre.ca

NOMINEE NAME: _____
ADDRESS _____
CITY/TOWN _____
GRADE(current school Year) ____

PHONE (613) _____
D.O.B: (DD/MM/YYYY) _____
POSTAL CODE _____
SCHOOL _____

I - List up to five of the nominee's volunteer activities

(activities performed as part of the secondary school mandated 40 hrs of community involvement should not be submitted)

1. ORGANIZATION _____ CONTACT PERSON _____ TIME FRAME (MM/YY) _____	VOLUNTEER POSITION _____ PHONE _____ HRS/ WK or MONTH _____
2. ORGANIZATION _____ CONTACT PERSON _____ TIME FRAME (MM/YY) _____	VOLUNTEER POSITION _____ PHONE _____ HRS/ WK or MONTH _____
3. ORGANIZATION _____ CONTACT PERSON _____ TIME FRAME (MM/YY) _____	VOLUNTEER POSITION _____ PHONE _____ HRS/ WK or MONTH _____
4. ORGANIZATION _____ CONTACT PERSON _____ TIME FRAME (MM/YY) _____	VOLUNTEER POSITION _____ PHONE _____ HRS/ WK or MONTH _____
5. ORGANIZATION _____ CONTACT PERSON _____ TIME FRAME (MM/YY) _____	VOLUNTEER POSITION _____ PHONE _____ HRS/ WK or MONTH _____

II - Please provide two references (references must not be related to nominee, must be familiar with the nominee's volunteer service)

1. NAME _____ CONNECTION TO NOMINEE _____	PHONE _____ EMAIL _____
3. NAME _____ CONNECTION TO NOMINEE _____	PHONE _____ EMAIL _____

III - Please give examples of how the nominee demonstrates good citizenship, betterment of the community and how the nominee promotes volunteerism to others. (maximum 100 words)

IV - Please give examples of how the nominee models the award values: caring, integrity, fairness, respect and empathy. (maximum 200 words)

V – CONSENT FOR RELEASE OF INFORMATION

I agree to allow my child/self to be nominated for the Caring Awards for Student Volunteering. I confirm that the information provided on the nomination form is accurate and understand this information will be used by the selection committee to determine award recipients and by the Volunteer Centre of St. Lawrence-Rideau to promote volunteerism. This information is subject to the disclosure provisions described in the Freedom of Information and Protection of Privacy Act. I consent to release this information to the Volunteer Centre of St. Lawrence-Rideau for the use in selecting award recipients and promotion volunteerism. I also consent to my (my child's') name, summary of volunteer activities/achievements and photo being published and released to the media (print, social, radio and/or television) for the purpose of promoting and recognizing volunteer involvement. Nomination packages become the property of the Volunteer Centre of St. Lawrence-Rideau.

Nominee Name (18+) (Print) _____	Nominee Signature (18+) _____
Nominee under 18	
Parent/Guardian Name (Print) _____	Parent/Guardian Signature _____
Date _____	