

***This is your chance to nominate a recreation program, provider or volunteer who has made an impact on YOUR life! On a regular basis we hear about the many wonderful programs and providers that deserve recognition. . . now let's hear from YOU! Show them they really do make a difference!***



**The Recreation Council of Greater St. Louis  
2010 Annual Recognition Awards Ceremony  
NOMINATION FORM**

**AWARD CATEGORIES:** (only one award will be presented per category)

**VOLUNTEER OF THE YEAR** Nominee must be an individual, or a group of individuals, not gainfully employed with the agency/institution for which he/she/they volunteers or advocates for, and has been instrumental in affecting the delivery of recreation/leisure services for persons of ALL ability levels. **NOMINATION MAY BE MADE BY AGENCY/PROVIDER/CONSUMER/PARENT**

**OUTSTANDING RECREATION/LEISURE SERVICE PROVIDER** The nominee must be a service provider from a recreation/leisure/socialization program who has done outstanding work to include individuals with disabilities in recreation/leisure/socialization programs, or has made noteworthy efforts/contributions to programs to ensure that individuals with disabilities feel "welcome" in community-based recreation programs. **NOMINATION MUST BE MADE BY CONSUMER(S) and/or PARENT(S)**

**OUTSTANDING RECREATION PROGRAM OF THE YEAR** The program nominated must be an innovative program or one that has made exceptional strides to make individuals of ALL abilities feel welcome and accommodated in its programs and services. **NOMINATION MUST BE MADE BY CONSUMER(S) and/or PARENT(S)**

**NOMINATION IS BEING MADE FOR WHICH CATEGORY (PLEASE CHECK ONE):**

- Volunteer of the Year  
 Outstanding Recreation/Leisure/Socialization Service Provider  
 Outstanding Recreation Program

**NOMINEE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Street

City

State

Zip Code

**TELEPHONE NUMBER:** \_\_\_\_\_ **Work** \_\_\_\_\_ **Home**

**PLEASE ADDRESS THE FOLLOWING CRITERIA. THIS IS NOT AN ESSAY CONTEST – NO POINTS ARE GIVEN FOR THE STYLE OF THIS NARRATIVE! NOMINATIONS NOT SUPPORTED BY THE FOLLOWING DOCUMENTED CRITERIA WILL NOT BE CONSIDERED. ATTACH INFORMATION TO THIS FORM!**

- A) General information on nominee  
B) What contribution has this individual/organization/group made to deserve this award?  
C) How has this individual/organization/group impacted the lives of persons with disabilities including the number of individuals impacted or served through the efforts of this volunteer/provider/program.  
D) Length of time he/she has worked or volunteered in this capacity or how long the program has been in existence.  
E) Please give two participant references, including name and phone number.

\*\*\*\*\*Awards will not be presented to individuals/groups who received an award in 2009\*\*\*\*\*

**NOMINATION SUBMITTED BY:** \_\_\_\_\_ **TELEPHONE #** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Street

City

State

Zip Code

**ASSOCIATION WITH NOMINEE:** \_\_\_\_\_

**NOMINATIONS MUST BE POSTMARKED BY FEBRUARY 15, 2010**

**SUBMIT NOMINATIONS TO:**

***The Recreation Council of Greater St. Louis, 200 South Hanley, Suite 100, St. Louis, MO 63105***