

Nominee name					
Address		City	State	Zip	_
Telephone	e-mail				
Nominator name					
Address		City	State	Zip	
Telephone	e-mail				
Representing Agency or Organ	zation for which the No	ominee Volunteers_			
COMPLETE NOMINATION P. ☐ Nomination form ☐ Service history overview ☐ Primary beneficiary of ☐ Duration of service ☐ Time commitment: w ☐ The nominee's greatest ☐ Organization(s) for wh ☐ Type of service provide ☐ Awards, recognition, a	nominee's service eekly/monthly/yearly contribution ich the nominee volunte	eers	OLLOWING INFO	RMATION:	
☐ Impact statement of 350-50 ☐ The nominee's commu ☐ Specific examples of th ☐ Amount and duration	nity service contribution e nominee's work and its	ns			
☐ Letters of reference: ☐ [At least] one letter of ☐ [At least] one letter of					ity

Nomination forms must be received by $4{:}00$ p.m. on Tuesday, July 18, 2017. Send or bring to :



United Way of Eastern Maine 700 Main Street, Suite 1 Bangor, ME 04401



Agency Of Distinction

2017 Nomination Form

Name of Age	ncy					
Director/Pres	ident of Agency					
Board Chair l	Person/President					
Address		City	State	Zip		
Person completing nomination form		Telephone				
Address		City	State	Zip		
e-mail						
	of this person to the nominating					
Please provido	e the following information sepa	rately:				
	☐ County(ies) served ☐ Number of clients served ☐ Services received by clien ☐ Client satisfaction with s ☐ Volunteer satisfaction; ho ☐ Needs that this agency m ☐ New or emerging needs the	ts/community ervices; how this is measure ow this is measured? neets which has been identif		e solution in the last year		
What makes	this agency an Agency of Distinct The work of the agency What community needs How it demonstrates tha How it shows respect and How the clients or the co	it meets t it is a good steward of hur l recognition for the work o	man and financial resources of its volunteers	ibe:		
☐ Please incl	ude up to three letters from volu	nteers and/or clients in sup	port of this nomination.			

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