

PINELLAS COUNTY SCHOOL
OFFICE OF STRATEGIC PARTNERSHIPS
FAMILY & COMMUNITY RELATIONS
OUTSTANDING SCHOOL VOLUNTEER
NOMINATION FORM

Area 1 Area 2 Area 3 Area 4 TZ Exceptional and Alternative Centers

School Name _____

Volunteer Category

Youth 20 years & under Adult 21 – 61 years Senior 62 + years

Volunteer Information

Volunteer Name (Mr./Mrs./Ms.) _____ Phone () _____

Phonetic Pronunciation of First & Last Name _____

Volunteer Address _____

Email _____

If student, name of school he/she attends: _____

Grade level/area served: KG 1-3 4-6 Middle School
 High School Adult Exceptional Education Guidance Other

Volunteer Job(s) Description(s) _____

Years of Volunteer Service _____ Volunteer Hours Last Year _____ Volunteer Hours This Year (to date) _____

Average Hrs of Weekly Service _____ Mentor Trained Yes No

Completing the Form

Schools should submit **one** nominee in each category (youth, adult and senior) for which they have representation. All nominations must be typed (no smaller than 11 pt font and not larger than 12 pt font). Nominations are restricted to one person per form.

Verification

This person is a registered volunteer in the Volunteers System of Pinellas County Schools.

Principal's Signature _____ Date _____

Name (typed) of person preparing this application _____

Title _____ Phone _____