

## PTA LOCAL IMPACT AWARD



# VOLUNTEER OF THE YEAR

## Primary, Secondary, Combination & Special

**Award Purpose/Goal:** To recognize a Local PTA Volunteer who has made a positive impact on the school community and its children. A nomination for this award is a special acknowledgment of dedication and service. We are looking for nominees who meet the criteria listed below. Letters of recommendation are not required but will be accepted and considered if submitted.

**Award Selection Criteria:** Entries will be selected by a review panel consisting of past and present VAPTA board members. The winning Volunteer of Year in each category will be selected on criteria consisting of 100 points. One (1) submission per PTA unit.

- Primary (PreK – 5<sup>th</sup> Grade)     Secondary (6<sup>th</sup> – 12<sup>th</sup> Grade)     Special (SEPTA, Council)  
 Combined Grade Schools (any grade level combination PreK-12<sup>th</sup> Grade, i.e. 3-8, PreK-8, etc.)

Nominee Name: \_\_\_\_\_

Nominee's Email: \_\_\_\_\_

Nominee's Phone: \_\_\_\_\_

Explain thoroughly and concisely why you think your nominee should receive this award. **All nominations are considered solely on what is written about the nominee.** Please be sure to address each of the four points of the award listed below. Attach your essay – one letter size sheet - and elaborate in a way that makes your nominee “come alive”. References are encouraged but not required.

1. A commitment to the PTA goal of promoting the welfare of all public school children.
2. A willingness to work in any capacity – even behind the scenes.
3. A spirit and enthusiasm for volunteer work.
4. A demonstrated ability to engage and involve other volunteers.

Your Name: \_\_\_\_\_ PTA Unit Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete and return this form along with all attachments by Noon on April 1<sup>st</sup> to:

[submissions@vapta.org](mailto:submissions@vapta.org)