

# UNIT Volunteer Services Report

District# \_\_\_\_\_

Name of Unit		
Volunteer Services Chairman		
Phone	Email	
<b>Total Members Reporting</b>		
Total Unit Hours <i>(including youth)</i>		
AARP <b>With Our Youth</b> (up to 25 years of age) Hours (Optional)		
Volunteer of the Year Nominee:		
Name:		
Address:		
Phone:		
Email:		
Does your unit participate in the Margaret Poppell " Literacy for Life" Project?	Yes	No
If "yes" please complete the following		
Local school(s) that receive books and how many		
1. Name _____	# _____	
2. Name _____	# _____	
3. Other: _____	# _____	
Does your unit participate in the 5 <sup>th</sup> Grade Essay Contest?	Yes	No
If yes, please complete the following for <u>winning</u> essay only:		
Name of Student: <b>(Student's photo must be attached)</b>		
Address:		
Phone:		
School:		

**Return This Form by MARCH 15 to your DISTRICT Volunteer Services Chairman who will send it on to the STATE Volunteer Services Chairman for data collection.**

## UNIT FREA Volunteer of the Year Nomination

NOMINEE **MUST** BE FREA MEMBER

Due March 15<sup>th</sup>

NAME OF NOMINEE	AGE
ADDRESS	
CITY	ZIP
PHONE	E-MAIL
YEARS OF SERVICE SINCE RETIREMENT	YEARS IN FREA
Local REA Positions held:	
Past:	
Current:	

**Agencies, and organizations**, etc. for which volunteer work is done. Please list approximate hours for the **current year only**. (attach a continuation if necessary)

Organization	Hours
Total Hours	
<b>Honors Received for Volunteerism</b> Give name(s) of award(s) and date(s) within the last two years	

**ATTACH THE FOLLOWING:**

1. A letter of recommendation from the primary organization for which the nominee has volunteered.
2. A recent photograph of nominee.
3. A short paragraph (250-300 words) *“How my volunteer activity positively affected my community or an individual”*.

NAME OF UNIT (full name)	District
UNIT VOLUNTEER SERVICES CHAIRMAN	
PHONE	E-MAIL
IF SELECTED, WILL NOMINEE ATTEND STATE FREA CONVENTION?	YES    NO

**Return This Form by MARCH 15 to your DISTRICT Volunteer Services Chairman (Name available from Unit President)**

FLORIDA RETIRED EDUCATORS ASSOCIATION

**FREA DISTRICT VOLUNTEER OF THE YEAR JUDGING CRITERIA**

*This form will be used by the District Committee in determining the District Winner.  
Local Units may choose to use it as a guideline when completing the nomination forms*

**Name:** \_\_\_\_\_ **District #** \_\_\_\_\_

**Local Unit:** \_\_\_\_\_

Impact of volunteer service to individuals and/or community (25 pts) \_\_\_\_\_

Impact of volunteer service to FREA/FREF (25 pts) \_\_\_\_\_

Total number of hours (**this year only**) (10pts) \_\_\_\_\_

Diversity of service (10 pts) \_\_\_\_\_

Total number of years in volunteerism (5 pts) \_\_\_\_\_

Honors received (5 pts) \_\_\_\_\_

Letter of recommendation (1) from volunteer organization (10 pts) \_\_\_\_\_

Is a picture included? (5 pts) \_\_\_\_\_

Anecdotal paragraph (5 pts) \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_

***Note: District Volunteer Services Chairman please turn in your District Winner's Nomination Form with all 3 attachments to the State Volunteer Services Chairman by April 1st***

# SAMPLE

FLORIDA RETIRED EDUCATORS ASSOCIATION

## Individual Member Volunteer Services Hours Report

Volunteer Name: \_\_\_\_\_

Year \_\_\_\_\_

### JANUARY

Adult Youth

### FEBRUARY

Adult Youth

### MARCH

Adult Youth

REA \_\_\_\_\_ REA \_\_\_\_\_  
 Civic/Club \_\_\_\_\_ Civic/Club \_\_\_\_\_  
 Hospital \_\_\_\_\_ Hospital \_\_\_\_\_  
 Schools \_\_\_\_\_ Schools \_\_\_\_\_  
 Church \_\_\_\_\_ Church \_\_\_\_\_  
 All Others \_\_\_\_\_ All Others \_\_\_\_\_

REA \_\_\_\_\_  
 Civic/Club \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Schools \_\_\_\_\_  
 Church \_\_\_\_\_  
 All Others \_\_\_\_\_

TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

### APRIL

Adult Youth

### MAY

Adult Youth

### JUNE

Adult Youth

REA \_\_\_\_\_ REA \_\_\_\_\_  
 Civic/Club \_\_\_\_\_ Civic/Club \_\_\_\_\_  
 Hospital \_\_\_\_\_ Hospital \_\_\_\_\_  
 Schools \_\_\_\_\_ Schools \_\_\_\_\_  
 Church \_\_\_\_\_ Church \_\_\_\_\_  
 All Others \_\_\_\_\_ All Others \_\_\_\_\_

REA \_\_\_\_\_  
 Civic/Club \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Schools \_\_\_\_\_  
 Church \_\_\_\_\_  
 All Others \_\_\_\_\_

TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

### JULY

Adult Youth

### AUGUST

Adult Youth

### SEPTEMBER

Adult Youth

REA \_\_\_\_\_ REA \_\_\_\_\_  
 Civic/Club \_\_\_\_\_ Civic/Club \_\_\_\_\_  
 Hospital \_\_\_\_\_ Hospital \_\_\_\_\_  
 Schools \_\_\_\_\_ Schools \_\_\_\_\_  
 Church \_\_\_\_\_ Church \_\_\_\_\_  
 All Others \_\_\_\_\_ All Others \_\_\_\_\_

REA \_\_\_\_\_  
 Civic/Club \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Schools \_\_\_\_\_  
 Church \_\_\_\_\_  
 All Others \_\_\_\_\_

TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_

### OCTOBER

Adult Youth

### NOVEMBER

Adult Youth

### DECEMBER

Adult Youth

REA \_\_\_\_\_ REA \_\_\_\_\_  
 Civic/Club \_\_\_\_\_ Civic/Club \_\_\_\_\_  
 Hospital \_\_\_\_\_ Hospital \_\_\_\_\_  
 Schools \_\_\_\_\_ Schools \_\_\_\_\_  
 Church \_\_\_\_\_ Church \_\_\_\_\_  
 All Others \_\_\_\_\_ All Others \_\_\_\_\_

REA \_\_\_\_\_  
 Civic/Club \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Schools \_\_\_\_\_  
 Church \_\_\_\_\_  
 All Others \_\_\_\_\_

TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_

TOTAL \_\_\_\_\_

Please call/email each month to report hours or turn in at general meeting:

VS Chairman: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_