

UNIT Volunteer Services Report

District# _____

Name of Unit	
Volunteer Services Chairman	
Phone	Email
Number Reporting	
Total Unit Hours (<i>including youth</i>)	
AARP With Our Youth (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 th Grade Essay Contest? Yes No	
If yes, please complete the following for <u>winning</u> essay only: Name of Student: 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 15th

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	
Honors Received for Volunteerism Give name(s) of award(s) and date(s) within the last two (2) yrs	

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 _____

<p><u>JANUARY</u> <i>Adult Youth</i></p> <p>REA _____</p> <p>Civic/Club _____</p> <p>Hospital _____</p> <p>Schools _____</p> <p>Church _____</p> <p>All Others _____</p> <p> <i>TOTAL</i> _____</p>	<p><u>FEBRUARY</u> <i>Adult Youth</i></p> <p>REA _____</p> <p>Civic/Club _____</p> <p>Hospital _____</p> <p>Schools _____</p> <p>Church _____</p> <p>All Others _____</p> <p> <i>TOTAL</i> _____</p>	<p><u>MARCH</u> <i>Adult Youth</i></p> <p>REA _____</p> <p>Civic/Club _____</p> <p>Hospital _____</p> <p>Schools _____</p> <p>Church _____</p> <p>All Others _____</p> <p> <i>TOTAL</i> _____</p>
<p><u>APRIL</u> <i>Adult Youth</i></p> <p>REA _____</p> <p>Civic/Club _____</p> <p>Hospital _____</p> <p>Schools _____</p> <p>Church _____</p> <p>All Others _____</p> <p> <i>TOTAL</i> _____</p>	<p><u>MAY</u> <i>Adult Youth</i></p> <p>REA _____</p> <p>Civic/Club _____</p> <p>Hospital _____</p> <p>Schools _____</p> <p>Church _____</p> <p>All Others _____</p> <p> <i>TOTAL</i> _____</p>	<p><u>JUNE</u> <i>Adult Youth</i></p> <p>REA _____</p> <p>Civic/Club _____</p> <p>Hospital _____</p> <p>Schools _____</p> <p>Church _____</p> <p>All Others _____</p> <p> <i>TOTAL</i> _____</p>
<p><u>JULY</u> <i>Adult Youth</i></p> <p>REA _____</p> <p>Civic/Club _____</p> <p>Hospital _____</p> <p>Schools _____</p> <p>Church _____</p> <p>All Others _____</p> <p> <i>TOTAL</i> _____</p>	<p><u>AUGUST</u> <i>Adult Youth</i></p> <p>REA _____</p> <p>Civic/Club _____</p> <p>Hospital _____</p> <p>Schools _____</p> <p>Church _____</p> <p>All Others _____</p> <p> <i>TOTAL</i> _____</p>	<p><u>SEPTEMBER</u> <i>Adult Youth</i></p> <p>REA _____</p> <p>Civic/Club _____</p> <p>Hospital _____</p> <p>Schools _____</p> <p>Church _____</p> <p>All Others _____</p> <p> <i>TOTAL</i> _____</p>
<p><u>OCTOBER</u> <i>Adult Youth</i></p> <p>REA _____</p> <p>Civic/Club _____</p> <p>Hospital _____</p> <p>Schools _____</p> <p>Church _____</p> <p>All Others _____</p> <p> <i>TOTAL</i> _____</p>	<p><u>NOVEMBER</u> <i>Adult Youth</i></p> <p>REA _____</p> <p>Civic/Club _____</p> <p>Hospital _____</p> <p>Schools _____</p> <p>Church _____</p> <p>All Others _____</p> <p> <i>TOTAL</i> _____</p>	<p><u>DECEMBER</u> <i>Adult Youth</i></p> <p>REA _____</p> <p>Civic/Club _____</p> <p>Hospital _____</p> <p>Schools _____</p> <p>Church _____</p> <p>All Others _____</p> <p> <i>TOTAL</i> _____</p>

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

VS Chairman: _____ Phone #: _____ Email: _____