

FLORIDA RETIRED EDUCATORS ASSOCIATION

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 March 1.