



Your Helping Hand of North America 501(c)(3)
9957 Moorings Drive, Suite 203
Jacksonville, FL 32257
Tax Id #06-1701831
yourhh@gmail.com

Nomination Form - Volunteer

Nominee Name _____ Date _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____ Other Phone # () _____

Nominated by _____ Telephone # () _____

Gift Division: ☐ Food/Clothing Bank ☐ Mentor/Educator ☐ Medical ☐ Small Business ☐ Shelter

Has the nominee received a YHH Grant in the past (that you know of)? ☐ Yes ☐ No If so, what year? _____

Does the nominee have any friends or family employed with YHH ☐ Yes ☐ No

Are they currently a volunteer? ☐ Yes ☐ No (if yes, complete employment section as best you can)

VOLUNTEER SECTION

VOLUNTEER LOCATION	TELEPHONE	DATES VOLUNTEERING		SUMMARIZE THE TYPE OF VOLUNTEER WORK DAYS PER WEEK, COMMUNITIES HELPED
	()	FROM	TO	
ADDRESS				
VOLUNTEER MANAGER NAME		YEARS AS A VOLUNTEER AT OTHER LOCATIONS		

WHY DOES THIS NOMINEE DESERVE THIS GRANT?: _____

WHAT MAKES THIS NOMINEE STAND OUT/DIFFERENT FROM OTHER VOLUNTEERS?: _____

HAS THIS NOMINEE RECEIVED ANY OTHER AWARDS THAT YOU'RE AWARE OF?:

WHO ELSE WILL SPEAK HIGHLY OF THIS NOMINEE

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	EMAIL ADDRESS	PHONE NUMBER
				()
				()
				()

I certify that all the information I have provided is true, complete and correct.

I authorize YHH to investigate all statements contained on this nomination form. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification.

I understand that I should also inform the nominee of their nomination, so they are prepared when a YHH representative calls to obtain additional information about the nominee.

Nominator's Signature _____ Date _____

