



## Purpose

The Siouxland DQ Smiles & Stores Difference Makers Award is designed to recognize outstanding volunteers in the Siouxland area that make a difference in the lives of those we serve.

## Nominee Information

Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Nominee Service Information

Agency Served: \_\_\_\_\_

Agency Director or Volunteer Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Nominator Information

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Letter of Support

On a separate sheet (two page limit) please tell us why this nominee deserves this award.  
**See the reverse side for what to include.**

## How to complete the nomination form

- Each nomination includes the completed form on the front, plus one Letter of Support.

**Please include one typewritten paragraph for each criteria listed below in your Letter of Support.**

- **Brief history of activity:** Include # of hours & frequency as well as what motivates them.  
Describe nominee's outstanding volunteer service(s). Explain how the nominee accomplished the desired results.
- **Need:** Describe the need for the Nominee's service.
- **Impact:** Describe the difference that the Nominee's service made to the clients, the agency or the community.  
Who was positively affected and how? Who values the work of the nominee and why?
- **Reflection:** Offer your personal comments here - anything you wish to share that was not covered above.

