



**ANNUAL & REA UNIT COMMUNITY SERVICE AWARD
NOMINATION FORM – DUE ON OR BEFORE JANUARY 31, 20____**

1. Local REA Unit Name: _____ REA State: _____
2. Name of Nominee(s): _____
(Please print a maximum of 2 names exactly as the name(s) should appear on the certificate)
3. Name of Local REA Unit-sponsored community service project(s) in which the nominee(s) performed outstanding volunteer service during the previous year:

4. Name of Local REA Unit member who directed the project(s):

5. Number of persons served, overall, by the project(s): _____
6. Describe the outstanding service performed by the nominee(s) and the project(s) impact on the community:

7. The nominee(s) was/were selected by the Board of Directors on: _____
(Date)

(Print - President's Name)

(President's Signature)

8. Enter the name and address of the person whom the certificate is to be mailed in the box below, please PRINT CLEARLY--this is the mailing label information for the award:

Please return your completed form by email chapters@aarp.org by January 31, 20____ or mail directly to AARP, Office of Volunteerism and Service
Attn: Chapters B10-202
601 E Street, NW
Washington, DC 20049

(Be sure to keep a copy for your records)