



# THE BEACON AWARDS APPLICATION

## 2017 W.D. Noël Volunteer of the Year Award

### PURPOSE

The W.D. Noël Volunteer of the Year Award is designed to recognize the many valuable contributions being made by volunteers who are residents of Ector County. Additionally, the award is intended to increase awareness of the importance of volunteering in the community. The award recognizes volunteers who give assistance to the community and receive no remuneration for their efforts.

### CATEGORIES

You may nominate one volunteer in one or both of the categories below.

1. Adult Volunteer
2. Youth Volunteer (must be a student 18 years or younger)

### SELECTION CRITERIA

- Description of volunteer's service
- Impact of service
- Duration of service
- Endorsements by staff and other volunteers and those impacted (brief statements)
- Motivation and leadership skills

### PRESENTATION OF AWARDS

An independent awards committee will review all applications. The honorees chosen for the awards and all other nominees will be honored at the Nonprofit Management Center Beacon Awards Luncheon on Tuesday, September 26, 2017 at the Midland Petroleum Club. Two W.D. Noël Awards will be presented, one in each category. **The two honorees will receive awards and \$1,000 for the nominating organization.**

***For more information, contact Nonprofit Management Center at 432-570-7971.  
To access this application go to <http://nmc-pb.org/events/beacon-awards>.***



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## 2017 W.D. Noël Volunteer of the Year Award

**Duplicate form as needed. Complete online fillable PDF. You must save document to your computer before completing the form. Only one nomination in each category may be submitted per organization or agency. No additional attachments will be allowed.**

### SECTION I

Choose Category:

Adult

Youth

Name of Individual Nominated: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Nominating Individual/Organization (must be filled out):  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please return this complete application to Nonprofit Management Center of the Permian Basin, 3500 North A Street, Suite 2300, Midland, Texas 79705 or by email to [debbied@nmc-pb.org](mailto:debbied@nmc-pb.org) by **2 p.m., Friday, June 30, 2017**. If mailed, application must be **received** by this date. Applications can also be hand-delivered to the Nonprofit Management Center office. **Any application received after this date or time will not be considered.**

For further information, please call the Nonprofit Management Center at 432-570-7971.

### SECTION II

**Please do not change or alter this official nomination form. Information should be typed in the space provided.** Clearly describe the volunteer service of the individual for which you are making this application. Address each criterion in the appropriate space. The most significant factor in evaluating the individual is the **quality** of service. Judges will award the highest score to applications that are complete, clear, succinct, informative, readable, and significant. **See the attached Judge's Score Sheet for selection criteria.**

**A. Describe the type and quality of the volunteer's service.** (Please limit your response to space provided below using 12 pt Times New Roman Font.)

**B. What impact did the volunteer's services have?** (Please limit your response to space provided below using 12 pt Times New Roman Font.)

**C. Duration of individual volunteer's service.**

**Hours volunteered annually:** \_\_\_\_\_

**Total years of service to your organization:** \_\_\_\_\_

**D. Endorsement of staff, other volunteers and those impacted supporting the reasons for nomination.** (Please limit your response to space provided below using 12 pt Times New Roman Font.)

*Signatures or lists of endorsers without endorsement statements do not fulfill the requirement.*

**E. Describe how your volunteer motivates others and the leadership skills they exhibit.** (Please limit your response to space provided below using 12 pt Times New Roman Font.)

## SECTION III

We hereby certify that the information contained in this application is true to the best of our knowledge and belief.

Name of Individual Preparing Application Form: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

### **APPLICATION CHECKLIST**

**Please check the following before submitting this application.**

1. Have you selected the **category** in which you wish this application considered?  
(Category must be selected by the submitting organization.)
2. Have you clearly answered each section in terms of the volunteer's contributions?
3. For each question, is the information typed within **space provided using 12 pt Times New Roman Font**?
4. Has the nominee been contacted and made aware of the nomination?
5. Is the information contained on the official application complete? No additional items should be attached.

**Any applications received after 2:00 pm on June 23, 2017 will not be considered.**



# THE BEACON AWARDS JUDGES SCORE SHEET

## 2017 W.D. Noël Volunteer of the Year Award

Name of Nominee: \_\_\_\_\_

Category: \_\_\_\_\_

Enter Score

**A. Type and Quality of Service**

*(Consider level of skill displayed, initiative, creativity, and innovation.)*

\_\_\_\_\_  
(1-35)

**B. Impact of Service**

*(Consider number of people served, Degree of need for service, impact due to service; contribution to overall community.)*

\_\_\_\_\_  
(1-35)

**C. Duration of Service**

*(Consider the number of years and Total hours volunteered by the individual.)*

\_\_\_\_\_  
(1-15)

**D. Endorsements by Staff, Other Volunteers and Those Impacted**

*(Signatures or lists of endorsers without endorsement statements do not fulfill the requirement.)*

\_\_\_\_\_  
(1-10)

**E. Motivation and Leadership Skills**

\_\_\_\_\_  
(1-5)

TOTAL: \_\_\_\_\_