

2023 Volunteer Recognition Nomination Form

Any individual or group (volunteers, non-county employees, and county employees) may nominate one or more volunteers or groups that directly benefited any Pierce County government department. Please complete a nomination form for each volunteer or group.

Deadline: The nomination deadline is January 7, 2024.

Please mail or drop off your form to:	FOR WSU EXTENSTION 4-H NOMINATIONS,
	please mail or drop off your form to:

Pierce County Attn: Kyle Wintermute 9850 64th St W University Place, WA 98467

WSU Pierce County Extension Attn: Michael Seiber 3602 Pacific Ave Suite 200 Tacoma, WA 98418

Nominee Category (select one):

	Adult	Young	Adult (12 & under	r) Group
Nominee Name:				
Nominee Phone Number:		Nominee Email	Address:	
Nominee RESIDE	NTIAL mailin	g address:		



Please indicate the County department and specific program that benefits from the nominee's volunteer work.

County Department:	
Program and/or Organization:	
Advisory Board or Commission:	
Please indicate the total length of volunteer service with County department(s) in Ho	OURS
Number of volunteer HOURS with County department(s) EXCLUSIVELY IN 2023:	



Please describe why the volunteer or group achievement was unique and outstanding as it relates to their exclusive contribution to Pierce County Government.

Provide at least one but no more than three volunteer achievements and explain why we should consider these accomplishments or why it is unique. It is important to provide information that is clear and concise because the information provided will be used to determine whether the nominee wins an award. Also, the information will be used in the presentation of the award, if selected.

nswer is limited to 250 words.	



Please list the volunteer achievements:



Nominator's Information

This is your information so we may communicate to you about the nomination/award.

Nominator's Name:	
Nominator's Phone Number:	Nominator's Email Address:
Nominator's mailing address:	
Please select how you know the nor	minee:
I am their superviso	or I am a fellow volunteer Other
Department or Organization:	Division or Program:
	the nominator, that is familiar with the accomplishmented to verify the scope and extent of the nominee's r contact information.
Name: Phon	e Number: Email Address: