

**USARHAW NA KOA AWARD FOR VOLUNTEER SERVICE NOMINATION FORM**

Please read carefully and complete all required information. Incomplete nominations will be returned without action.

**Please indicate the type of award for which the individual is being nominated:** *(Youth Ages 10-17)*  
Cumulative Volunteer Contributions from 1 January 2018 through 31 December 2020.

- Lapel Pin (300+)*       *Bronze (500+)*       *Silver (750+)*       *Gold (1000+)*  
 *Youth Lapel Pin (150+)*       *Youth Bronze (250+)*       *Youth Silver (400+)*       *Youth Gold (500+)*

**Part I: NOMINEE Information – To be completed by Nominating Individual**

<b>Nominee (VOLUNTEER) Name:</b> _____	<b>Rank:</b> _____
<b>Nominee Organization/Unit:</b> _____	
<b>Nominee Email Address:</b> _____	<b>Phone Number:</b> _____

<b>NOMINATOR Rank &amp; Name:</b> _____	
<b>Nominator Email Address:</b> _____	<b>Phone Number:</b> _____
<b>Nominating Organization/Battalion POC:</b> _____	
<b>Other organization(s) that Volunteer serves:</b> _____	
<b>SIGNATURE of Individual Writing Nomination:</b> _____	
<b>Date:</b> _____	

**Part II: JUSTIFICATION – To be completed by Nominating Individual**

1. Provide a justification in as much detail as possible using either BULLET or PARAGRAPH format.
2. Ensure the justification addresses the following:
  - a. Specific contribution(s) made by the Volunteer during the period listed.
  - b. How did this Volunteer improve the quality of the organization/unit and or for the USARHAW Community?
  - c. Any volunteer-related accomplishments, i.e., awards/recognition the Volunteer received from your organization/unit over the past year.

**JUSTIFICATION:** (For additional space please attach a continuation sheet.)

---

**Part III: NOMINATION APPROVAL – *To be completed by the organization Chief or Director or the O-6 Commander/CSM or above.*** SIGNATURE VERIFIES *nomination information only* and does not automatically signify approval of the award. Assumption of Command orders must be attached in cases where the organization Chief or Director or BDE Commander/CSM is not able to approve the nomination. In cases where the unit is deployed, the Rear Detachment Commander or designee may sign the nomination. Subject to panel review.

**Name:**

**Rank:**

**Organization/Unit:**

**SIGNATURE:**

**SUBMISSION INSTRUCTIONS:** Packets can be digitally sent to Mary Ann Scott at [maryann.c.scott.civ@mail.mil](mailto:maryann.c.scott.civ@mail.mil) or hand carried to ACS, Bldg 690, 310 Brannon Rd, Schofield Barracks **no later than 1630 on Friday, 5 March 2021.**

**Please verify registration & certified volunteer hours in VMIS and packet information PRIOR to submission of this nomination.**

This nomination will be reviewed by the Installation Volunteer Awards Review Committee and approval will be based on a subjective review of the written justification in accordance with the established criteria.

**Incomplete nominations will be returned without action.**