

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

Please refer to, and read the VRC Information Packet (Attachment 1) criteria carefully and complete all required information below. Incomplete nominations will be returned without action.

**Please indicate the type of award for which the individual is being nominated:**

*Cumulative Volunteer Contributions from 1 January 2020 through 31 December 2022*

Na Koa Award Level:

Total Hours from Nominating Organization/Unit Certified in VMIS: \_\_\_\_\_

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

Nominee (VOLUNTEER) Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Nominee Organization/Unit: \_\_\_\_\_

Nominee Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

NOMINATOR Rank & Name: \_\_\_\_\_

Nominator Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nominating Organization/Battalion POC: \_\_\_\_\_

Other organization(s) that Volunteer serves: \_\_\_\_\_

SIGNATURE of Individual Writing Nomination:

\_\_\_\_\_ Date: \_\_\_\_\_

**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.)

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**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/BDE:**

**SIGNATURE:**

**SUBMISSION INSTRUCTIONS:** Packets can be digitally sent to Mary Ann Scott at maryann.c.scott.civ@army.mil or hand carried to ACS, Bldg 690, 310 Brannon Rd, Schofield Barracks **no later than 1630 on Friday, 24 March 2023.**

**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.**