

IRON MIKE AWARD FOR VOLUNTEER SERVICE NOMINATION FORM
(UPDATED 9/12/12)

Please read carefully and complete all required information. Incomplete nomination forms will automatically be disapproved and returned to the nominating official.

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

Mark One: ___ Youth Nominee (age 10-17) ___ Adult Nominee (age 18 and older)

Mark One: ___ Iron Mike Lapel Pin ___ Bronze Star ___ Silver Star ___ Gold Star

PART I – Nominee Information - To Be Completed By Nominating Individual

Nominee Name _____

Nominee Unit/Organization _____

Nominee Mailing Address _____

City _____ State _____ Zip Code _____

Nominee Email Address _____

Volunteer Unit/Organization _____

Name of Individual Writing Nomination _____

Nominator E-Mail Address _____ Phone Number _____

Signature of Individual Writing Nomination _____

PART II – NOMINATION APPROVAL (Organization Director/O-6 Commander/CSM or Designee). SIGNATURE VERIFIES NOMINATION INFORMATION ONLY AND DOES NOT SIGNIFY APPROVAL OF AWARD. Subject to panel review.

Name _____ Rank _____

Organization/Unit _____

SIGNATURE (required) _____

PART III – Justification – To Be Completed By Nominating Individual.

1. Please indicate dates for which nomination is being submitted (MUST BE THE CURRENT QUARTER in which nominations are being accepted):

From: _____ To: _____

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2. Please answer each of the following on a separate sheet and in as much detail as possible for the current quarter. Please use BULLET FORMAT. Nomination must be signed and dated at the end of the third question by the individual writing the nomination.

ALL 3 QUESTIONS MUST BE ADDRESSED.

a. List specific contribution(s) made by the volunteer TO YOUR ORGANIZATION/UNIT during the period listed.

b. How did this volunteer improve the quality of life for your organization/unit and/or for the entire military community?

c. Please list any awards/recognition the volunteer has received from your organization/ unit over the past one year.

If additional space is needed, attach additional sheet of paper.

This nomination will be reviewed by the Installation Volunteer Awards Review Committee and approval/disapproval will be based on a subjective review of the written justification compared to the established criteria.

Please verify registration and hour documentation information on this volunteer PRIOR to submission of this nomination. Incomplete nomination forms or registration/documentation information will result in disapproval and will be returned without action.

**PLEASE FORWARD TO: INSTALLATION VOLUNTEER SERVICES
IMBG-MWA-V
BUILDING 4-2843 (Soldier Support Center)
FORT BRAGG, NC 28310**

Date Received _____ IVS Staff Member Signature _____

Registered in VMIS/Current DD2793 _____ Hours Verified _____