

# IRON MIKE AWARD FOR VOLUNTEER SERVICE NOMINATION FORM

**(UPDATED 5/18/23)**

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

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## ***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 \_\_\_\_\_

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## ***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)*** \_\_\_\_\_

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## ***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: \_\_\_\_\_

***Please go to Page 2***

**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.

***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  
AMIM-LIW-A  
BUILDING 4-2843 (Soldier Support Center)  
FORT LIBERTY, NC 28310**

**Date Received \_\_\_\_\_ IVS Staff Member Signature \_\_\_\_\_**

**Registered in VMIS/Current DD2793 \_\_\_\_\_ Hours Verified \_\_\_\_\_**