



AND

*The Mary Rines Thompson Award*

**2009 NOMINATION FORM**  
(NOMINEES WILL BE CONSIDERED FOR BOTH)

Nominee name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

Business \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business telephone \_\_\_\_\_ e-mail \_\_\_\_\_

Nominator name \_\_\_\_\_

Agency or Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ e-mail \_\_\_\_\_

Please provide the following information separately:

- Primary beneficiary of nominee's service
- Duration of service
- Time commitment: weekly/monthly/yearly
- The nominee's greatest contribution
- Organization(s) for which the nominee volunteers
- Type of service provided
- Awards, recognition, and honors the nominee has received

Please include an impact statement of 350-500 words which states the following:

- The nominee's community service contributions
- Specific examples of the nominee's work and its impact
- Amount and duration of service

Please include at least one letter of reference from someone who knows the nominee through his/her volunteer activity, and a letter of reference from someone who knows the nominee on a personal basis.

Nomination forms must be received by 5:00 p.m. on Saturday, August 1, 2009.  
Send or bring to :



*United Way of Greater Portland*  
400 Congress Street  
PO Box 15200  
Portland, ME 04112-5200

**2009 CALL FOR NOMINATIONS**



*Agency Of Distinction*  
**2009 NOMINATION FORM**

Name of Agency: \_\_\_\_\_

Director/President of Agency: \_\_\_\_\_

Board Chair Person/President: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail \_\_\_\_\_

Person completing nomination form: \_\_\_\_\_ Telephone : \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail \_\_\_\_\_

Connection of this person to the nominating agency: \_\_\_\_\_

Please provide the following information separately:

- County(ies) served
- Number of clients served
- Services received by clients/community
- Client satisfaction with services; how this is measured?
- Volunteer satisfaction; how this is measured?
- Needs that this agency meets which has been identified by the community
- New or emerging needs for which this agency has developed a unique or effective solution in the last year

What makes this agency an Agency of Distinction? Attach a statement of 350-500 words which describe the work of the agency; what community needs it meets; how it demonstrates that it is a good steward of human and financial resources; how it shows respect and recognition for the work of its volunteers; and how the clients or the community have benefited from agency services.

Please include up to three letters from volunteers and/or clients in support of this nomination.

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