



# Volunteer Award Nomination

Please use this form to nominate a volunteer for outstanding service to the Osteogenesis Imperfecta Foundation and/or the OI community. Completed nomination forms must be sent to [dcyMBER@oif.org](mailto:dcyMBER@oif.org) or mailed to the OI Foundation office.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

This is a nomination for (Please check one):

\_\_\_\_\_ Thelma Clack Lifetime Volunteer Award (**10 years or more of service**)

\_\_\_\_\_ President's Award (**Adult volunteer service**)

\_\_\_\_\_ Peter Dohm Junior Volunteer Award (**Youth volunteer service**)

Name of Nominee: \_\_\_\_\_

Name of Parent(s) (If nominee is a minor): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

In 1-2 sentences, why is this nominee deserving of an OI Foundation Volunteer Award this year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please detail the nominee's contributions to the OI community in as many areas as possible below, and be sure to include approximate dates. *You may attach additional pages, if necessary.*

**Raising Awareness/Building Knowledge about OI** Approximate Dates: \_\_\_\_\_

How? \_\_\_\_\_

\_\_\_\_\_

**Volunteer Service to individuals or organizations** Approximate Dates: \_\_\_\_\_

How? \_\_\_\_\_

\_\_\_\_\_

**Fundraising** Approximate Dates: \_\_\_\_\_

How? \_\_\_\_\_

\_\_\_\_\_

**Advocacy to Improve Lives** Approximate Dates: \_\_\_\_\_

How? \_\_\_\_\_

\_\_\_\_\_