



Governor's Service Awards: Individual or Team Nominations - Deadline March 10, 2026

1. OVERVIEW

Use **[THIS LINK](#)** to review the Nomination Guidelines and ensure your nominee will qualify.

Only one nomination can be made through this form. To submit multiple nominations, open a new form using the link on the last page.

All information requested must be provided in order for the nomination form to be considered complete. Incomplete forms will not be considered.

Two letters of reference are required for each nomination. You have the option of pasting the letter text into this form or uploading the letter as a file. Regardless, the contact information for the person giving the reference must be provided.

Please note this form cannot be saved and edited/completed later. Be sure to have all your text and information prepared before you start.

Questions about the nomination process may be directed to service.commission@maine.gov

* 1. Nominator (YOU) information below:

Name:	<input type="text"/>
Organization:	<input type="text"/>
Physical Address:	<input type="text"/>
Mailing Address:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

* 2. What is your relationship to the nominee (supervisor, employer, neighbor, etc.)?



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2. AWARD CATEGORY FOR NOMINATION

* 1. Select the category under which this nomination should be considered.

- ☐ Maine Volunteer of the Year
- ☐ Young Maine Volunteer of the Year
- ☐ Outstanding Volunteer Team

SAMPLE



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3. Info for Maine Volunteer of the Year

AWARD CRITERIA: Recognizes an individual who has committed significant time and effort to improving the life of individuals or the community through volunteer service within the state of Maine. Over the years, this person consistently stepped up and pitched in whenever help was needed. All individuals who have completed service including national service members are eligible.

* 1. Enter information below of INDIVIDUAL you are nominating.

Name:

**Nominee's Physical
Address:**

Postal Address 2:

City/Town:

State:

ZIP Code:

Email Address:

Phone Number:

2. Organization where Nominee volunteers:

3. Total years of volunteer service:

4. Approximate annual total of volunteer hours:

5. Using the 2000 characters allowed, please describe why and how the nominee meets the criteria for the award for which you are nominating them. Be sure to include a brief description of the program(s) for which the nominee is a volunteer, the extent of their contribution (number of hours in a month/year, what they accomplish in that time, etc.), and the impact of their contribution on the service effort's purpose/mission.

To revisit the award criteria, use [THIS LINK](#).

6. Please provide contact information for individual submitting first letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

Name:	<input type="text"/>
Company:	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text" value="-- select state --"/>
ZIP/Postal Code:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>

7. If you have a digital version of the person's letter, you may upload it here.

Allowed file types are PDF, DOC, or DOCX. The size limit is 1 MB.

Choose File

Choose File

No file chosen

8. If a letter is not uploaded, enter the text of the letter of testimony/reference for the Nominee from the person previously identified. Maximum length in the field is 2000 characters.

9. Please provide contact information for individual submitting second letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative.

Name:

Company:

Address:

Address 2:

City/Town:

State:

-- select state --

ZIP/Postal Code:

Country:

Email Address:

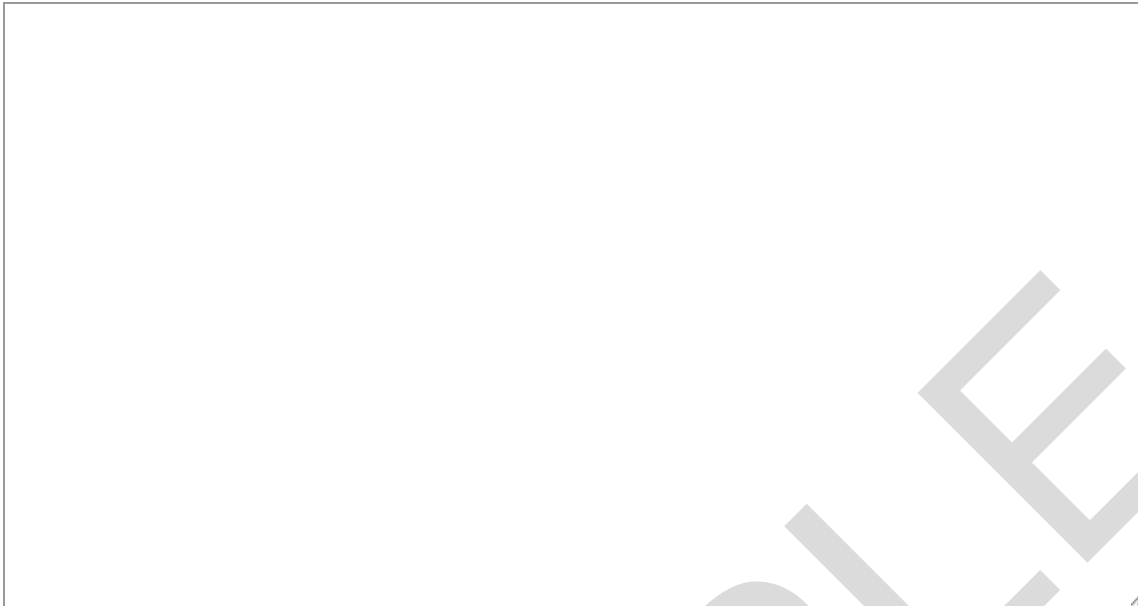
10. If you have a digital version of the person's letter, you may upload it here. Allowed file types are PDF, DOC,or DOCX. The size limit is 1 MB.

Choose File

Choose File

No file chosen

11. If a letter is not uploaded, enter the text of the second letter of testimony/reference for the Nominee from the person previously identified. Maximum length in the field is 2000 characters.

A large, empty rectangular text box with a thin black border, intended for entering the text of the second letter of testimony/reference. A large, light gray "SAMPLE" watermark is diagonally overlaid across the page, passing through this box.

12. Name of local/regional newspaper:

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4. Info for Outstanding Volunteer Team nomination

AWARD CRITERIA: This award recognizes a team of volunteers comprised of family members, employees, friends, students, etc., who have committed significant time and effort over an extended period of time to improving the lives of individuals or the community through volunteer service.

1. How many team members are there?

2. How many years has the team been volunteering?

* 3. Provide the name and contact information for the team member who would be the lead contact.

Name:

Postal Address:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

4. Name of organization for which the Team volunteers:

5. Please enter the names of other team members and separate names by commas.

6. In the space allowed, please describe how the team you are nominating meets the award criteria (see above). Be sure to include a brief description of the major volunteer activities, the results (hours, people served, etc.) of their efforts, and the impact their contribution has on the mission or purpose of the programs for which they volunteer.

7. Please provide contact information for individual submitting first letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative of a team member.

Name

Company/Organization

Address

Address 2

City/Town

State

-- select state --

ZIP Code

Email Address

Phone Number

8. If you have a digital version of the person's letter, you may upload it here.
Allowed file types are PDF, DOC, or DOCX. The size limit is 1 MB.

Choose File

Choose File

No file chosen

9. If a letter is not uploaded, enter the text of the first letter of testimony/reference for the Nominee from the person previously identified. Maximum length in the field is 2000 characters.

10. Please provide contact information for individual submitting second letter of testimony/reference. Must be someone other than the Nominator and may not be an immediate relative of a team member.

Name

Company/Organization

Address

Address 2

City/Town

State

-- select state --

ZIP Code

Email Address

Phone Number

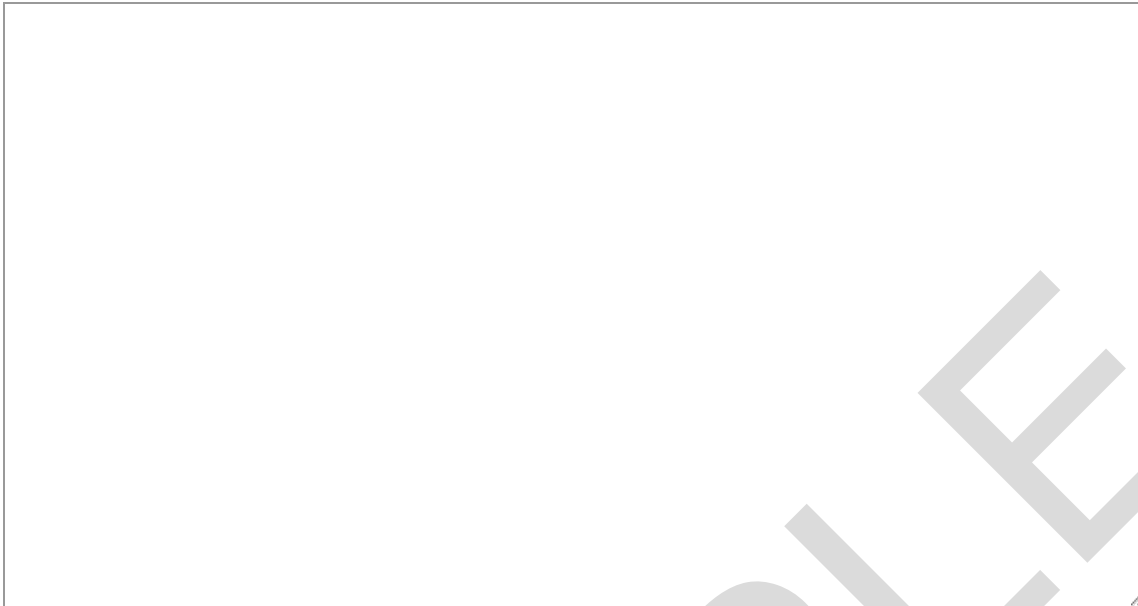
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13. Name of local/regional newspaper:



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5. Info for Young Maine Volunteer of the Year

Recognizes a person under the age of 20 who, through volunteer service in the state of Maine, has demonstrated a strong commitment to improving the life of individuals or the community and, by example, shows the meaning of "active citizenship."

* 1. Enter information below of INDIVIDUAL you are nominating.

Name:

If age 17 or younger,
name of
parent/guardian:

Nominee's Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

2. YOUTH VOLUNTEER OF THE YEAR ONLY. Please enter nominee's AGE:

3. Name of organization(s) for which the nominee volunteers:

4. Approximate total number of years of service:

5. Approximate total hours volunteered each year:

6. In the space allowed, please describe the volunteer activities of the young person you are nominating. Be sure to include a brief description of the program(s) for which the nominee is a volunteer, the number of people they have served, the impact their contribution has on the community, other volunteer activities they have participated in, and why and how the nominee meets the criteria for the award. (Limit 2000 characters)

7. Please provide contact information for individual submitting first letter of testimony/reference. They must be someone other than the Nominator and may not be an immediate relative.

Name:

Company:

Address:

Address 2:

City/Town:

State:

-- select state --

ZIP/Postal Code:

Country:

Email Address:

8. If you have a digital version of the person's letter, you may upload it here.

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Name:

Company:

Address:

Address 2:

City/Town:

State:

-- select state --

ZIP/Postal Code:

Country:

Email Address:

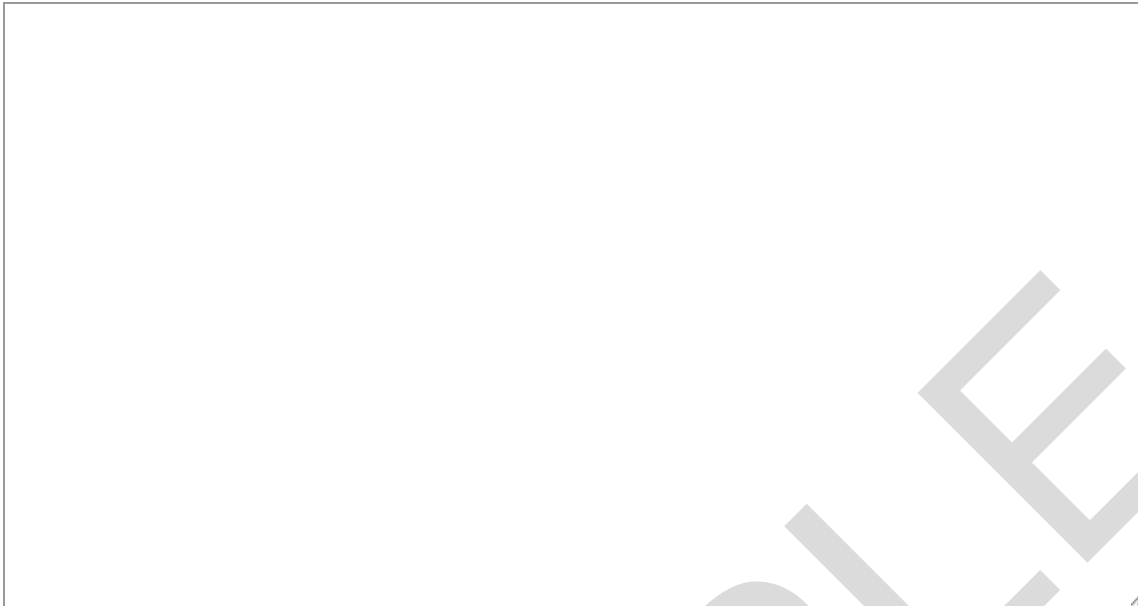
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6. Certification Page

* 1. Please type your name below certifying that all the information contained in the application is accurate and true to the best of your knowledge.

Please Note: Due to the volume of applications, incomplete nominations will not be accepted. Please be sure you have answered all questions required completely.

Nominations will only be accepted online and no other supporting documentation sent to us will be considered.

Name/Signature:

Date:

To enter another nomination in this category (Individuals or Teams), use [THIS LINK](#) to open a new form.

For links to other nomination forms (organizations or rolls of honor), return to the website using [THIS LINK](#).