

**THERAPY DOGS UNITED "VOLUNTEER OF THE YEAR" NOMINATION APPLICATION**

Nominee: \_\_\_\_\_

Nominated By: \_\_\_\_\_

Year Nominee Was Certified (if known): \_\_\_\_\_

Therapy Dog(s) Name: \_\_\_\_\_

Places Visited (if known): \_\_\_\_\_

Have You Nominated this Candidate before?       Yes       No

Is this Nominee aware he/she is being nominated?       Yes       No

Please describe how you feel this volunteer has impacted quality of life for our clients, partner agencies and/or fellow TDU volunteers:

Please describe how you feel this volunteer has made a difference within our core organization:

Does this nominee participate in other TDU events and activities other than scheduled therapy dog visits? If yes, please describe event/activity and the impact:

Please share some examples that show how this nominee displays leadership in any of the following: our organization, our community, his/her workplace:

Has this nominee been recognized within our organization for any other honors, titles or accomplishments? If yes, please describe:

Please feel free to mention any other reason why you feel this volunteer should be TDU's Volunteer of the Year: