



Youth Excellence in Service Application

Nominee's Name: _____

Address: _____

Home Phone: _____

School Name: _____ School Address: _____

Telephone # _____ Grade in School: _____

Volunteer Information for Nominee (Attach additional sheets if necessary.)

Name of organization for which volunteer service is performed _____

Address _____ Telephone Number _____

City, County where volunteer work is performed _____

Description / Purpose of organization _____

Please describe your volunteer work/activity performed _____

Length of time you have been involved with this organization _____

Average number of hours you volunteer per month _____

Please describe your volunteer work/activity performed _____

Length of time you have been involved with this organization _____

Average number of hours you volunteer per month _____

How has this volunteer service benefited the community?

Verification information: In order to qualify for consideration the nominee must have two references familiar with his or her accomplishments. These references cannot be either the nominator or a relative of the nominee.

Name _____ Phone # () _____

Address _____

Name _____ Phone # () _____

Address _____

Nominee Signature _____ Date _____

- Fax to: 778-1407
- Drop off or mail to: Greater Cheyenne Chamber of Commerce
121 W. 15th St. Ste. 204 (2nd floor, Depot), Cheyenne, WY 82001