

**THE JAMES B. BLASINGAME VOLUNTEER-OF-THE-YEAR AWARD
NOMINATION FORM**

I, _____

Do hereby nominate _____

for the James B. Blasingame Volunteer-of-the-Year Award. To the best of my knowledge, the following is true and accurate.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

Name of Nominee: _____

Nominee's Title: _____

Employer: _____

Length of Service: _____

| | |
|--------------------------|----------------------|
| Credit Union Membership: | Years of Membership: |
| _____ | _____ to _____ |
| _____ | _____ to _____ |

Past and Present Positions Held in Credit Union(s):

| | | |
|---------------|-----------|-------------------|
| Credit Union: | Position: | Years of Service: |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Official Positions Held in Chapter (s):

| | | |
|----------|-----------|--------------------|
| Chapter: | Position: | Length of Service: |
| _____ | _____ | _____ to _____ |
| _____ | _____ | _____ to _____ |
| _____ | _____ | _____ to _____ |

Nominee's Name: _____

Official Positions Held in League (Board of Directors and/or Committee):

| Board or Committee | Position: | Length of Service |
|--------------------|-----------|-------------------|
| _____ | _____ | _____ to _____ |
| _____ | _____ | _____ to _____ |
| _____ | _____ | _____ to _____ |

Official Positions Held at National Level (CUNA, CUES, CUNA Mutual, etc.):

| Organization: | Position: | Length of Service |
|---------------|-----------|-------------------|
| _____ | _____ | _____ to _____ |
| _____ | _____ | _____ to _____ |

List examples of this person's contributions that have helped further the progress of all credit unions in Alaska. (Youth involvement, legislation, education, public relations, schools, conference attended, committee assignments, etc.)

Nominee's Name: _____

Please provide any additional information or comments on the background of your nominee that illuminates qualifications for this award. (i.e. community involvement, church activities, civic organization involvement.) Attach additional sheet if necessary.

Signed: _____ Dated: _____

Note: Remember, selection will be based only on the information submitted on this nomination form.

APPLICATION DEADLINE: March 31, of each year

Mail completed nomination form to:

Bob Teachworth
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Anchorage, AK 99508
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