

Elwood Johnson Outstanding Service Award



NOMINATION FORM

Department:

Your Name and Title (Nominator):

Nominator Email Address:

Nominator Phone Number:

Nominee Name:

1. Please briefly describe the nominees' involvement (volunteerism) with the Torch Run (LETR).

2. Please briefly describe nominees' commitment to philanthropy, community impact, and provide examples of significant positive impact they have had on Special Olympics Rhode Island and the Torch Run (LETR).

3. Provide any other information you'd like to share about the nominee.

Chief/Colonel/Executive Officer Signature: _____

Date: _____

All nominees are selected as their department or agency's Outstanding Service Award recipient and are eligible to earn the statewide award which will be announced at the Annual LETR Kick Off Luncheon in Late February. Once confirmed, nominees will be announced in late January and will each be recognized with a special pin distinguishing them for their outstanding service and contributions to SORI and LETR.