



**3ID VOLUNTEER OF THE YEAR  
NOMINATION FORM**



**PART I – NOMINEE INFORMATION**

**NOMINATION CATEGORY:** \_\_\_\_\_

**VOLUNTEER NAME:** \_\_\_\_\_

**RANK (if applicable):** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CELL NUMBER:** \_\_\_\_\_

**ALT. NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TOTAL HOURS OF VOLUNTEER SERVICE RECORDED IN VMIS:** \_\_\_\_\_

**NOMINATING UNIT/AGENCY/ORGANIZATION:** \_\_\_\_\_

**NOMINATOR:** \_\_\_\_\_  
(Print or Type Name) (Signature)

**PHONE NUMBER / EMAIL:** \_\_\_\_\_

**PART II - JUSTIFICATION MEMORANDUM**

**PART III – DA FORM 1256**

**PART III - PROPOSED CITATION**

**SUBMIT ALL REQUIRED DOCUMENTS TO [USAGFS-HAAF ACS AVC@army.mil](mailto:USAGFS-HAAF_ACS_AVC@army.mil)**