

The Recreation Council of Greater St. Louis 2025 Annual Recognition Awards Ceremony NOMINATION FORM

AWARD CATEGORIES: (only one award will be presented per category)

PLEASE CHECK ONE OF THE FOLLOWING CATEGORIES:

ASSOCIATION WITH NOMINEE:

VOLUNTEER OF THE YEAR Nominee must be an individual, or a group of individuals, not gainfully employed with the agency/institution for which he/she/they volunteers or advocates for, and has been instrumental in affecting the delivery of recreation/leisure services for persons of ALL ability levels.

OUTSTANDING RECREATION/LEISURE SERVICE PROVIDER The nominee must be a service provider from a recreation/leisure/socialization program who has done outstanding work to include individuals with disabilities in recreation/leisure/socialization programs, or has made noteworthy efforts/contributions to programs to ensure that individuals with disabilities feel welcome in community-based recreation programs.

OUTSTANDING RECREATION PROGRAM OF THE YEAR The program nominated must be an innovative program or one that has made exceptional strides to make individuals of ALL abilities feel welcome and accommodated in its programs and services.

JIM GUEST AWARD Recognition of a participant with a developmental disability who has made great strides and has shown outstanding progress in a Recreation Program during 2024.

| | ear Outstanding Recreation P | | | | ice Provider |
|--|---|--|--|--|--|
| ADDRESS: | | | | | |
| Street | | City | State | Zip Co | ode |
| TELEPHONE #: | Work | | Cell | | |
| C) How has this Incommoder of individualD) Length of time hexistence. | STYLE OF THIS NA ENTED CRITERIA V tion on Nominee ion has this Individual dividual/Organization/ ls impacted or served | RRATIVE! NO WILL NOT BE C Organization/Gr Organization/Gr Organization/Gr Organization/Gr Organization/Gr Organization/Gr | MINATIONS NONSIDERED. Toup Made to Description of the Lives of Peter Security of horizontal capacity or horizonta | ATTA eserve to rsons with eer/proverserve to serve to se | PPORTED BY THE CH INFORMATION TO his Award? ith Disabilities including |
| NOMINATION SUBMIT | TTED BY: | _ | _ | | |
| CELL PHONE # | | | | | |
| ADDRESS: | | | | | |
| Street | | City | St | ate | Zip Code |

NOMINATIONS MUST BE POSTMARKED BY FEBRUARY 24, 2025 SUBMIT NOMINATIONS TO:

Receation Council of Greater St. Louis 11457 Olde Cabin Road, Suite 235, St. Louis, MO 63141

or you may email this form to sfleming@recreationcoucil.org

For more information on this Nomination Form or the Awards Program Call Susan Fleming at (314) 726-6044