



**American
Red Cross**

Special Citation for Exceptional Volunteer Service

Eligibility:

The Special Citation for Exceptional Volunteer Service honors a volunteer whose *sustained* performance over a period of several years has substantially exceeded the volunteer's original commitment to the American Red Cross.

Selection Requirements:

The Special Citation for Exceptional Volunteer Service is given at the local unit level, including NHQ, to a Red Cross volunteer.

1. A nomination may be made by any Red Cross volunteer or paid staff member.
2. A nominee must be a current Red Cross volunteer with at least one year of continuous service.
3. A nominee may be considered from all levels of the local unit.

Criteria:

To be eligible for this award, a volunteer must have demonstrated exceptional performance and extensive personal commitment to a specific service or project that has contributed to the improvement or expansion of American Red Cross services to the community.

The Nomination Packet MUST include:

Completed application form and criteria statements.

Please use the following format:

- Use **short bulleted statements** to address the criteria in the order listed.
- Send **no more than five** statements per criteria.
- Attach criteria statements and application form.
- Include nominee's name in top right-hand corner of each additional page.

Nomination Review Process:

Chapters: Nominations for the volunteer staff of chapters should be reviewed by the chapter chair, and/or chair of volunteers. Final approval rests with the chapter chair.

Blood Services regions: Nominations for the volunteer staff of Blood Services regions should be reviewed by the Blood Region chair, and/or chair of volunteers. Final approval rests with the Blood Region chair.

SAF Stations: National stations should submit nominations to their respective HUB award committee.

NHQ: Reviews will be conducted by a cross functional sub-committee under the supervision of each department's management.

Nomination Form

Special Citation for Exceptional Volunteer Service

Name of Nominee:
(Last, First)

Nominee's Present Red Cross Position:

Name and Address of Red Cross Unit:

Nominator: _____ **Telephone Number:** _____

Signature: _____ **Date:** _____

Reviewed By: _____ **Supervisor** _____ **Unit Manager** _____ **Chair/Chair of Volunteers**
(Place initials after title) _____ **Other (title)**

Approved By Unit Chair: (Name)
(If Chapter or Blood Region)

Signature: _____ **Date:** _____

Statement of Nomination:

Please use additional sheet(s) as necessary.