

FORT GORDON VOLUNTEER OF THE QUARTER NOMINATION FORM

Due to pamela.b.rachal.civ@army.mil no later than _____ PART 1 - PERSONAL DATA OF NOMINATOR • Nominee: _____ First Name M.I. Last Name Address: • E-mail: • Telephone: _____ PART 2 - NOMINATOR Nominator: _____ First Name M.I. Last Name • E-mail: ______ • Telephone: _____ PART 3 - OTHER INFORMATION REQUIRED Length of volunteer service at Fort Gordon: • Nominees must be registered in the Volunteer Management Information System (VMIS) at https://www.armyfamilywebportal.com. ° How many certified QUARTERLY hours does your nominee have recorded in VMIS for your program? _____ • Questions? Contact ACS at 706-791-8358. • Reasons why this nominee should receive this recognition. Limit response to 1 typed page, double spaced.

INSTRUCTIONS: Please submit this nomination form, your reasons for recommendation, and a copy of the signed DD Form 2793.



