THE FLORIDA ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES
SALLY SITTA COMMITMENT TO EXCELLENCE IN VOLUNTEER ADMINISTRATION (CEVA) AWARD

NOMINATION FORM

Describe on one typewritten page why you believe your nominee is one of the most excellent Volunteer administrators in Florida and is deserving of the FADVS Sally Sitta CEVA Award. All nominators and nominees must be members of FADVS in good standing.

Please use this heading: “I, [insert your name], nominate [insert nominee’s name] for the FADVS Sally Sitta CEVA Award because...” and follow with your reasons.

Attach your typewritten page to this nomination form and email to the Chairperson of the Sally Sitta CEVA Committee no later than July 15th. The email address and name of the Sally Sitta CEVA Chair is listed below.

Eligibility ~ Your nominee should have the following qualifications:

- Demonstrated Exemplary Professionalism.
- Contributed Significantly to the field of Volunteer Administration.
- Created Innovative programs or services and/or published volunteer administration articles, books, or other professional works.
- Mentored or provided valued networking opportunities for other FADVS members.
- Provided Outstanding Leadership within FADVS, AHVRP, or other volunteer administration professional organizations.
- Received Special Honors or awards from other agencies (local, regional, state, national).

SALLY SITTA CEVA NOMINEE BIOGRAPHICAL INFORMATION

Full Name: 
Title: 
Business Address: 
City/State/Zip: 
Business Telephone including area code: ( ) - 
Name and title of Immediate Supervisor: 
Date of employment as DVS: 
Year joined FADVS: 
If FADVS certified, date certified: 
If a member of AHVRP, year joined:

SALLY SITTA CEVA NOMINATION

I hereby nominate ____________________________ Date: ____________________ for the FADVS Sally Sitta Commitment to Excellence in Volunteer Administration Award.

Nominator’s Signature: ____________________________ Telephone: ____________________________
Hospital: ____________________________ Email: ____________________________

Please email completed nomination forms to:
Nancy Finn, Chair, FADVS Sally Sitta CEVA Award
nancy.finn@leehealth.org phone: 239-343-2409
Please list your nominee’s accomplishments in the following categories. If more space is required, you may attach one additional sheet to this form.

I. **EXEMPLARY PROFESSIONALISM** (contributed significantly to Volunteer Administration, created innovative programs or services, mentored others in the field of Volunteer Administration, published Volunteer Administrative articles, books or other professional works).

II. **LEADERSHIP** within FADVS, AHVRP or other Volunteer Administration Professional Organizations:

III. **SPECIAL HONORS** or Awards from other Agencies: