

# NOMINATION FOR DAV AUXILIARY OUTSTANDING MEMBER OF THE YEAR

*(All information must be neat and legible)*

**PURPOSE:** To recognize the contributions and dedication of an outstanding DAV Auxiliary member whose efforts have enhanced the goals of the DAV Auxiliary, the parent organization, and has been active in the community since becoming a DAV Auxiliary member.

Name of Nominee		Membership #	
Nominee Street Address		Phone # (   )	
City	State		Zip Code
Unit Name & Number		Years of Continuous Membership	

**ELIGIBILITY:** Any active senior member of the Disabled American Veterans Auxiliary is eligible for this award with the exception of a previous winner of the national **organization's** Outstanding Member of the Year Award, a Past National Commander, or a DAV/DAV Auxiliary employee. Former DAV or DAV Auxiliary employees should not include any activities on this application performed during their employment. Any DAV Auxiliary member in good standing may sponsor an individual for this award.

Note to Sponsor: Please read the instructions thoroughly. ONLY the current official form provided by National Headquarters or downloaded from the Auxiliary website will be accepted. (Additional attachments may not exceed ten (10) pages and sections must be numbered to match the corresponding section on the official form.) In the appropriate categories, list and explain the activities and approximate period of time in which the candidate was involved or helped initiate those achievements as well as involvement with other community groups during their years as a Senior member of DAV Auxiliary. **Do not include involvement in other veterans' organizations.**

## Sponsor Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, State, Zip Code*

As sponsor I hereby verify that the information submitted is correct.

\_\_\_\_\_  
**Sponsor's Signature**

\_\_\_\_\_  
Date

This completed form must be submitted to National Headquarters and postmarked no later than March 15, 2024.

COMPLETE THIS FORM IN ITS ENTIRETY. ADDITIONAL PAGES MAY BE ATTACHED AS NEEDED.

1. Is the Nominee employed? Yes \_\_\_\_ No \_\_\_\_ . If no, describe any previous experience.
2. Does the Nominee now hold an office, chairmanship, or other position on the unit, state, or national level of the Auxiliary? Yes \_\_\_\_ No \_\_\_\_ . If yes, please specify.
3. List all outstanding personal achievements and any awards received since becoming an auxiliary member.
4. List and explain any new or special projects initiated by this nominee.

5. Explain in detail any participation in the following programs of the DAV Auxiliary.

Americanism

Community Service

Junior Activities

Legislation

Membership

VAVS

6. Explain any participation in the programs of the DAV parent organization.

7. List participation and explain involvement with other community groups. (DO NOT INCLUDE ACTIVITIES IN **OTHER VETERANS' ORGANIZATIONS.**)

Note to Sponsor: Please use the space below to state *in your own words* why you feel this member is truly outstanding and deserves consideration for this award. Additional information may be attached.

Return completed form to: National Auxiliary Headquarters  
860 Dolwick Dr.  
Erlanger, KY 41018