

# INDIANA SOUTH DISTRICT HUMANITARIAN AWARD

This award has been established to recognize the Optimist member of an Indiana South District Club who has made the greatest contribution to the community, humanity, and Optimism in the District during the year.

**NAME:** This award shall be designated as the Indiana South District Humanitarian Award.

**AWARD:** A specially designed plaque will be presented to the selected Optimist following his/her selection as announced at the Indiana South District Convention. The recipient shall have a place of honor at all District functions during the coming year.

**PURPOSE:** The purpose of the award is to stimulate Club interest in District activities by directing recognition to an individual for his/her outstanding contributions to the community, humanity and Optimism. The award will be made for unselfish devotion and enthusiastic activity in promoting and/or participating in humanitarian activities within his/her community and the Indiana South District.

**QUALIFICATIONS:** Nominees must have been a member of an Optimist Club in good standing for at least one year and must be an active participant in the Club's activities. Although emphasis will be placed on **current activities**, a nominee's background of past activities, honors and accomplishments will be taken into consideration in making the selection. The nominee's Community Service and Humanitarian activities must be independent of the nominee's professional or business affiliations. The dossier of all nominees shall include their past Optimist activities in respect to office held, years of membership, participation, honors awarded by their respective Clubs, the District, Optimist International, and honors and/or distinctions in other service fields.

**PERIOD:** A Club must select and submit a nominee between October 1 and the following August 1.

**NOMINATIONS:** Nominations for the award shall originate from Optimist Clubs in good standing or may be submitted by District Officers through their club's Board of Directors. Nominations shall have the approval of the Board of Directors of the nominee's home Club. Only one nomination from each Club will be permitted, and all nominations must be submitted on the prescribed form, on the back hereof.

**SUBMISSION:** Nominations must be submitted to the **Indiana South District Humanitarian Award Chairperson** on or before August 1 of the current year. Mail nominations to the Chairperson listed in the current District Roster.

**SELECTION:** The Chairperson of the Indiana South District Humanitarian Award will assemble a committee which shall consider all nominations submitted and shall recommend not more than six or less than three names to the Executive Committee of the Indiana South District for further consideration and selection. The Chairperson shall compile a complete list of nominees along with all of the nominees' qualifications and name of sponsor Club, which he/she shall submit to the Executive Committee. The names of nominees not receiving the award shall not be made public.

**NOTE:** Activities and Achievements points will be awarded for the submission of a nomination.

# NOMINATION FOR INDIANA SOUTH DISTRICT HUMANITARIAN AWARD

(Please print or type)

Club: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yy)

Nominee's Name: \_\_\_\_\_ Year Affiliated: \_\_\_\_\_

## CLUB ACTIVITIES (Give Dates)\*

Offices: President \_\_\_\_\_ Vice-Pres. \_\_\_\_\_ Sec. \_\_\_\_\_ Treas. \_\_\_\_\_  
Director: \_\_\_\_\_ Other: \_\_\_\_\_

Committees	Year	Committees	Year
_____	_____	_____	_____
_____	_____	_____	_____

Does the nominee participate in club activities regularly (Yes or No)? \_\_\_\_\_

Club Distinctions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DISTRICT ACTIVITIES (Give Dates)\*

Offices: Governor \_\_\_\_\_ Lt. Gov. \_\_\_\_\_ Secretary-Treasurer \_\_\_\_\_

Committees	Year	Committees	Year
_____	_____	_____	_____
_____	_____	_____	_____

District Distinctions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COMMUNITY-CIVIC-HUMANITARIAN ACTIVITIES (Give Dates)\*

Activity/Service	Year	Activity/Service	Year
_____	_____	_____	_____
_____	_____	_____	_____

Community Recognition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Club Secretary must  
Complete certification.  
Date Certified and approved by the Board of Directors (mm/dd/yy)

Submitted by: \_\_\_\_\_  
Title: \_\_\_\_\_  
\_\_\_\_\_  
Secretary

(\*) ATTACH SEPARATE SHEET FOR ADDITIONAL INFORMATION AND COMMENTS.