Nomination for "City of Chula Vista Veteran of the Year (VOY)"

(Please Print – Information contained will be used for publication and press related materials)

Date: _____

Submitting Organization/Corporation Information

Organization Name:			
Organization Point of Contact:	*First*	*Last*	
Organization Mailing Address:	*Street Address*		
	City	*State*	*Zip Code*
Organization Contact Info	*Phone*	*Phone*	*Email*
Organization Website (*if applicable*):			

Veteran of the Year (VOY) Nominee Information

Selection of your Veteran of the Year (VOY) is to be determined by your organization or agency.

Request only one submitted nominee from each organization or agency.

Nominee Name:	*First*	*Middle Initial*	*Last*
U.S. Military Branch of Service:	☐ Army ☐ Marine Corps ☐ Navy ☐ Air Force ☐ Coast Guard		
Rank/Rate: _____	Period(s) of Service:	*From (Month/Year)*	*To (Month/Year)*
		From (Month/Year)	*To (Month/Year)*
Nominee Mailing Address:	*Street Address*		
	City	*State*	*Zip Code*
Nominee Contact Info	*Phone (Home)*	*Phone (Cell)*	*Email*

Personal information of all entrants is important to the VOY selection process.
All personal information will remain private and safeguarded from unauthorized disclosure beyond the purpose of the board.

Nomination Eligibility/Submission Criteria

Why Should Your Veteran of the Year Be Selected?

Eligibility Criteria: For consideration as the City of Chula Vista Veteran of the Year, your nominee must be a veteran honorably discharged from U.S. Military Service, employed within or a resident of the City of Chula Vista, and a citizen who has made significant contributions to the community since military service. Emphasis should be placed on nominee's accomplishments that support your organization's service to the community, individual contributions to the local community and support of the Veterans community of San Diego.

Supporting Documentation: Remember, whether the judges know your veteran or not, the nomination submission package should provide all information necessary for the judges to make their decision without seeking further information. Each nomination package should include two photographs (one in uniform from military service; one of nominee present day) and a narrative highlighting the nominee's contributions. Highlight special characteristics of the nominee that makes him/her an asset to the Veterans Community of Chula Vista (i.e. leadership, professionalism, fairness, integrity, ethics, respect, and trustworthiness). If your nominee is employed, please provide a current job description. Describe contributions to co-workers and/or other organization members, involvement in the organization activities and special contributions to the organization. Describe community service (i.e. participation in church, youth, school, civic activities and other volunteer efforts), and a DD Form 214 (required). A letter of recommendation may also be included but is optional.

Incomplete submissions or submissions missing required documentation may be disqualified.

Please provide a completed copy of this application/form to your Veteran of the Year.

Submit completed package (*including all items addressed above*) by September 11th (*of the year of submission*) to:

City of Chula Vista
c/o Fire Department
Attn: Veterans Advisory Commission
276 Fourth Avenue
Chula Vista, CA 91910

Staff POC: Alyssa Moreno / Phone: (619) 409-5839 / Email: CVVeterans@ChulaVistaCA.gov