**2025 Illinois CASA Award Nomination Form**

**Volunteer Advocate of the Year Local Program**

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**Name of Nominee**: Click or tap here to enter text.

**Nominee Contact Information**:

Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**Nominee’s Activities, Accomplishments, Impact to your Local Program**

Describe the Nominee’s notable activities, accomplishments and impact regarding your Local Program.

Click or tap here to enter text.

**Any other information regarding why the Nominee should receive the Illinois CASA Advocate/Volunteer of the Year Award?**

Click or tap here to enter text.

**Your (Nominator’s) Name**: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

***I attest Volunteer Advocate, (name of nominee)*** Click or tap here to enter text. ***has served (input total number of hours)*** Click or tap here to enter text. ***hours during the designated dates of 2/1/2024-2/1/2025.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Signature/Title/Date

***Must be signed by Executive Director from an Illinois CASA network local program, in good standing.***

***\*Nominations are due to*** ***sophie@illinoiscasa.org*** ***by February 28, 2025.***