

OUTSTANDING CHAPTER MENTOR OF THE YEAR NOMINATION FORM

Every year WOVI women are recognized for outstanding contributions to their chapter and to the organization. To honor an outstanding chapter *mentor*, please complete the form below. This is an incredible opportunity to nominate a WOVI woman who understands the mission, vision, and values of WOVI, Inc. and shows exemplary commitment to mentoring of others. Additional comments may be added to further support your nomination.

DEADLINE FOR SUBMITTING THE NOMINATION FORM IS SEPTEMBER 230

	Nominee	Nominator
Name:		
Chapter Affiliation:		
Email:		
Phone Number:		

This portion to be completed by the Chapter Administration/Lo	eadership
Nominee attendance?	
Suests brought?	
Dues paid?	
Vembers sponsored?	
Other Participation: Conference, Leadership Summit, LeadersRings, Special F	Events?

Required Information: In 500 words or less, please provide a response to the items listed below. Use additional sheets if needed.

□ How is the nominee seen as an outstanding Chapter Mentor?

□ What was the extent of the development of her mentee? Give examples of extraordinary and meaningful mentoring that you have observed or experienced.

□ How does the nominee serve the chapter and actively promote the WOVI mission, vision and values?

□ How does the nominee exhibit the "Spirit of WOVI" – a willingness to participate, actively support and encourage others in addition to assigned mentee(s)?