

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 18

	Nominee	Nominator
Name:		
Chapter Affiliation:		
Email:		
Phone Number:		
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This portion	n to be completed by the Chapter A	dministration/Leadership
Nominee attendance?		
Guests brought?		
Dues paid?		
Members sponsored?		
Other Participation: Confe	rence, Leadership Summit, Leaders	Rings, Special Events?
additional sheets if needed.	0 words or less, please provide a resp	onse to the items listed below. Use
	e development of her mentee? Give	avamples of avtraordinary and
	at you have observed or experienced	
_	-	e the WOVI mission, vision and values?
☐ How does the nominee extencourage others in additi	•	ngness to participate, actively support and