



Volunteers are the helping hands of the organization

The Association of Fundraising Professionals – Rockford Area Chapter

INVITES YOU TO NOMINATE THOSE WHO HELP YOUR ORGANIZATION

At the “**Honor Your Own**” Volunteer Recognition Breakfast

April 18, 2017

Giovanni's Restaurant & Convention Center

610 N Bell School Rd. Rockford, IL 61107

9:30 a.m. to 11:00 a.m.

“**Volunteers are the helping hands of the organization**”

Here is your chance to recognize individuals from your organization for their outstanding dedication and efforts as a volunteer, fundraiser, board member, sponsor or partner. Each Honoree (one per individual/group) will receive a token of appreciation from AFP and will be featured in the program.

Details:

- You are welcome to invite staff and board members from your organization.
- Breakfast price is \$25 per person for organizations who submit their nominees by **3/19/17**
- Breakfast price is \$30 per person for organizations who submit their nominees on or after **3/20/17**
- RSVP by **3/31/17** to <http://www.afprockford.org/HYO.html>
- Breakfast registration form will arrive via a separate e-mail (if you miss the e-mail, reach out Chase Cain @ ccain@rockriverymca.org or Brook Genna brook.genna@mosaicinfo.org and they will get you a copy).

Nominations:

- Recognize and honor **up to 3** of your agency's volunteers by filling out the attached form. Forms are available on-line <http://www.afprockford.org/HYO.html>
- Nominators are responsible for inviting their nominees to the breakfast, as well as the cost of their nominees' breakfast.
- To be included in the printed program, **nominations must be received by 3/31/17.**
- **First 40 nominations (1 per organization allowed) will receive a free meal for the nominee. You will receive a special code to enter for free meal from Chase Cain.**



The Association of Fundraising Professionals - Rockford Area Chapter

2017 "Honor Your Own"

Volunteer Recognition Application Form

Mail or e-mail completed forms to Chase Cain, YMCA of Rock River Valley, 220 East State Street, Rockford, Illinois 61107, fax to 779-500-0801 or ccain@rockriverymca.org

Submitted by

Name _____

Name of the Organization _____

Address _____

Phone _____ Email _____

Nominee

Name/Group _____

Address _____

Phone _____ Email _____

Each nominee must complete the Publicity and Consent Release form to be submitted with application.

I am honoring this person/organization/sponsor because: (Maximum of 50 words – additional words will not be published or announced)

Nominee

Name/Group _____

Address _____

Phone _____ Email _____

Each nominee must complete the Publicity and Consent Release form to be submitted with application.

I am honoring this person/organization/sponsor because: (Maximum of 50 words – additional words will not be published or announced)



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**HONOR YOUR OWN Volunteer Recognition
REQUIRED PUBLICITY AND CONSENT RELEASE FORM PER NOMINEE**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **County:** _____

I give Rockford Chapter of the Association of Fundraising Professionals ("AFP") the irrevocable and unrestricted right to take and use my name, picture, likeness, photograph, film, videotape, and/or written and verbal statements in all forms, all media and all manners for any editorial, informational, promotional, fundraising, internet (web site) and/or publicity purposes of AFP. I understand that I may be identified by name, age and/or occupation in connection with the public, private and/or internal use of this material.

I grant this consent as a voluntary contribution to AFP and waive any rights I may have in connection with any use of the material, including any right to inspect or approve the finished use and any written copy that may be created in connection with such use. I further understand that I will not receive any compensation for the use of my picture or any media publicity and release AFP and its agents from any and all claims in connection with such use. I release AFP, its licensees, agents, successors, and assigns from any liability for claims and demands arising from such use.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between AFP and myself, and I have signed of my own free will.

Please check one** I am of full age I am a minor

Printed Name _____

Signature _____ Date _____

****If the individual is under the age of 18, consent of the parent or legal guardian is required.**

I am the parent or guardian of the minor named above and have the legal authority to sign the above Consent and Release form. I approve the terms of Consent and Release and waive any rights in the premises.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **County:** _____

Signature: _____ **Date:** _____