

**VIRGINIA DISTRICT 1
LITTLE LEAGUE®
VOLUNTEER OF THE YEAR**

Nominee _____ Phone Number _____
Address _____
City _____ State _____ Zip _____
Email Address _____
Nominator _____ Phone Number _____
Email Address _____
Local League _____
City _____ State _____ District _____

Please provide in detail the nominee's volunteer service to the local league. All additional and supporting information should be included. Please indicate if service was with baseball and/or softball. *Please print legibly. Use additional paper if needed.*

OVERVIEW

The Little League Volunteer of the Year Award honors an individual who gives selflessly his/her time and efforts for the benefits of the children in his/her communities. This individual has contributed a spirited and dedicated commitment to the Ideals and goals of the Little League Program

To be considered at the District 1 level, nomination form must be returned by June 1