**Centre County Council for Human Services**

CDT Submission Form for Rose Cologne Volunteer Recognition

**Due Wednesday, April 15, 2020**

LATE SUBMISSIONS CANNOT BE ACCOMODATED  
Information must be submitted electronically. Please follow the instructions below.

Use your mouse to click above each line to type information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization or agency submitting the volunteer for recognition Agency phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name of volunteer Last name of volunteer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency street address Town Zip

**VOLUNTEER INFORMATION:**

* Length of service with YOUR agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Roles he/she performed with YOUR agency (click below to type)

* A quote from your volunteer on why they choose to volunteer for your agency  
  **(Maximum of 50 words. Longer quotes will be edited.)**  (click below to type)

*The Centre Daily Times will use this information to produce a paragraph about your volunteer.*

*Please be as complete and factual as possible.*

**PHOTO REQUIREMENTS:**

1. Color
2. Head and shoulder shot
3. Submitted electronically as JPEG file
4. Please submit a photograph of high resolution, 100 KB or larger.

**SUBMISSION INSTRUCTIONS:**

Please email this form, and photograph to be printed in the May 3 edition of the CDT to [rosecolognedinner@gmail.com](mailto:rosecolognedinner@gmail.com) by Wednesday, April 15.   
  
Questions? Contact Renae Schunk at [rosecolognedinner@gmail.com](mailto:rosecolognedinner@gmail.com)