COMMUNITY SERVICE RECOGNITION PROGRAM
FOR FACULTY/STAFF
Basic Data Sheet

Nominee's Name: ____________________________________________
Institution: _________________________________________________
Home Address: ______________________________________________

Phone: _____________________________________________________
(Please list a number you can be reached during the hours of 8:00 a.m. - 4:30 p.m.)
Email: _____________________________________________________

Community Service

Description of activity and nominee's role in activity:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If any part of this activity is tied to job responsibilities, please indicate what part is
job related and what part is volunteer:
________________________________________________________________________
________________________________________________________________________
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How long has activity been underway?
________________________________________________________________________

How has this activity benefited the community?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Has this activity received other recognition/awards? (Please list.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please return form to: Richard G. Rhoda, Executive Director, Tennessee Higher Education
Commission, 404 James Robertson Parkway, Suite 1900,
Nashville, TN 37243-0830