

**2021 FUNERAL DIRECTOR OF THE YEAR AWARD
NOMINATIONS FORM**

*A special award bestowed upon a VFDA member, recognizing his/her professional skills and talents displayed through involvement at the local, state and national level. This award is an honor, above all others, presented to the funeral licensee by his/her peers, citing expert leadership and professional integrity displayed within the funeral service profession. Our nominee should be a funeral licensee who has served within the Virginia Funeral Directors Association, in various capacities. This individual should have displayed a dedicated spirit in the name of funeral service, for the collective good of our VFDA Membership and possess forethought for our future advancement. The nominee should be an association member in good standing and has not received the award in the past 10 years. **** Award recipients and their guests must be registered for the Banquet installation of officers and awards ceremony on Monday, June 14th *****

Name of Nominee: _____

Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ **Fax:** _____

E-mail Address: _____

Achievements and Contributions:

- A. **Spirit of Service:** (20%) Faithfulness to principles of service, funeral law and regulations and the Code of Ethics. Efforts to encourage good practice among other funeral directors, other members of the profession, time spent with the press and the general public, explaining all aspects of the Funeral Service Profession.

- B. **Activity in Civic Affairs:** (25%) Local, state and national participation in civic, community service, religious, charitable, volunteer, fraternal, or political groups.

- C. **Activity in District Associations:** (20%) Membership, offices held, seminar activity, special assignments, etc.

D. **Activity in VFDA:** (30%) Membership, offices held, committee work, seminar activity, special assignments, legislative affairs, convention participation.

E. **Activity in NFDA:** (5%) Membership, offices held, committee work, seminar activity, special assignments, legislative affairs, convention participation.

Present Business Affiliation:

Firm: _____

When Firm Founded: _____

How Long Affiliated With Firm: _____

Title: _____

Date of Licensure: _____

Other Comments:

Nominated by (Name): _____

Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ **Fax:** _____

E-mail: _____

**Return form to: VFDA, P.O. Box 395, Hanover, VA 23069, info@vfda.net or
Fax (804) 264-3260 **Deadline to receive nominations is May 24, 2021****