



The Violet Richardson Award

HONORING  
YOUNG  
WOMEN  
For Volunteer Action

Founder Region  
Soroptimist International of the Americas



SOROPTIMIST®

Investing in Dreams

## It's What **You** Do That Counts!

Are you a young woman between the ages of 14 and 18 who volunteers in your community or school? Who sees challenges instead of obstacles? Hope instead of despair? If you are a young woman who believes in the power of volunteer action, then you may be eligible to win a Soroptimist Violet Richardson Award.

The Violet Richardson Award recognizes young women who make the community and world a better place through volunteer efforts such as: fighting drugs, crime and violence; cleaning up the environment; and working to end discrimination and poverty. Volunteer actions that benefit women or girls are of particular interest.

Soroptimist is an organization of women whose members volunteer in their communities, often working on the same problems that you do. Although we realize that volunteering is its own reward, we also know it feels good to be recognized for your actions. And that's why we sponsor this award.



# VOLUNTEER

## The Soroptimist Violet Richardson Award Program

If you think you would make a good Violet Richardson Award candidate, please complete this application and tell us about your volunteer action. Send it to the local Soroptimist club listed on the application.

Good luck! And, even if you don't win a Violet Richardson Award, we applaud your efforts to make your community and the world a better place.

# Soroptimist Violet Richardson Award Application

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## Instructions:

### **Deadline: JANUARY 6, 2025**

Completed applications and any supporting materials must be received by the above date, at the address listed in Step 3. Soroptimists, Soroptimist employees and the immediate families of both are ineligible, as are previous Violet Richardson Award winners. Applications submitted directly to Soroptimist headquarters will not be considered.

### **Step 1: Determine if you are eligible**

Eligible applicants are young women who:

- are currently between the ages of 14 and 18
- have demonstrated initiative in both identifying a problem and trying to solve it
- have had significant and noteworthy accomplishments as volunteers

### **Step 2: Complete the application**

#### **Instructions for Using Writable PDF Documents**

Some program materials are writable PDF files so members can type information right onto the document. If a document is a writable PDF, it is designated in its title. To type on a writable PDF:

- First save the writable PDF file onto your computer. (If you immediately begin filling out the writable PDF file without having saved it onto your computer, your information will not save.)
- Open the writable PDF file you just saved onto your computer.
- Using your mouse, click on the blank space designated for form answers.
- A cursor will appear.
- Type in the correct information.
- Once all parts of the form are personalized, select Save As from the File menu to save the document.

### **Step 3: Email your application**

Send your application with any supporting materials to:

Mary Dickey at [phredymar@aol.com](mailto:phredymar@aol.com)

# Soroptimist Violet Richardson Award Application

## General Information

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street)

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of the organization where you volunteer: \_\_\_\_\_

Phone number/website for volunteer organization: \_\_\_\_\_

## Essay

On the next page, write an essay, up to 750 words. Tell us where you volunteer and why. Describe the goals of the organization and its impact on the problem(s) it addresses. What is your role in the organization? What have you accomplished as a volunteer?

## Additional Materials (Optional)

Please feel free to submit any supporting materials that you think we should see (for example, newspaper clippings, photographs, etc.). Additional materials are optional. Make sure that your name and phone number are on all additional materials.

## Agreement

- I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will notify the designated club to which I have submitted this application if there are any changes.
- I understand this award is taxable in the United States. Recipients in other countries should check their local tax laws.
- I certify that this is the only application I have made this year for a Soroptimist Violet Richardson Award from this or any other Soroptimist club.
- I understand that my application and supporting materials become the property of Soroptimist International of the Americas (SIA) upon submission, and that SIA shall have sole discretion in using these materials for the purpose of publicizing the Violet Richardson Award program.

By typing your name below you adhere to the above requirements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

By typing your name here, you give permission for your daughter to apply for the Violet Richardson Award.

## *Essay*

Please type your essay below.



SOROPTIMIST®  
Investing in Dreams

*A global volunteer organization providing women and girls with access to the education and training they need to achieve economic empowerment.*

FOUNDER REGION

SOROPTIMIST INTERNATIONAL OF THE AMERICAS

## Soroptimist Media Consent Form

I hereby grant permission to Soroptimist International of the Americas (SIA)/Founder Region and/or its clubs to use my name, likeness and/or voice for all publicity purposes and in any media format. Media formats include but are not limited to: newspapers, magazines, television, radio, film, photographs, social media and the internet. **NAME TYPED ON THIS FORM WILL SERVE AS DIGITAL SIGNATURE.**

SIA/Founder Region shall retain all rights to said materials.

Name (print) \_\_\_\_\_

If above person is under 18 years of age:

Parent/Guardian Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date \_\_\_\_\_

Witness Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_