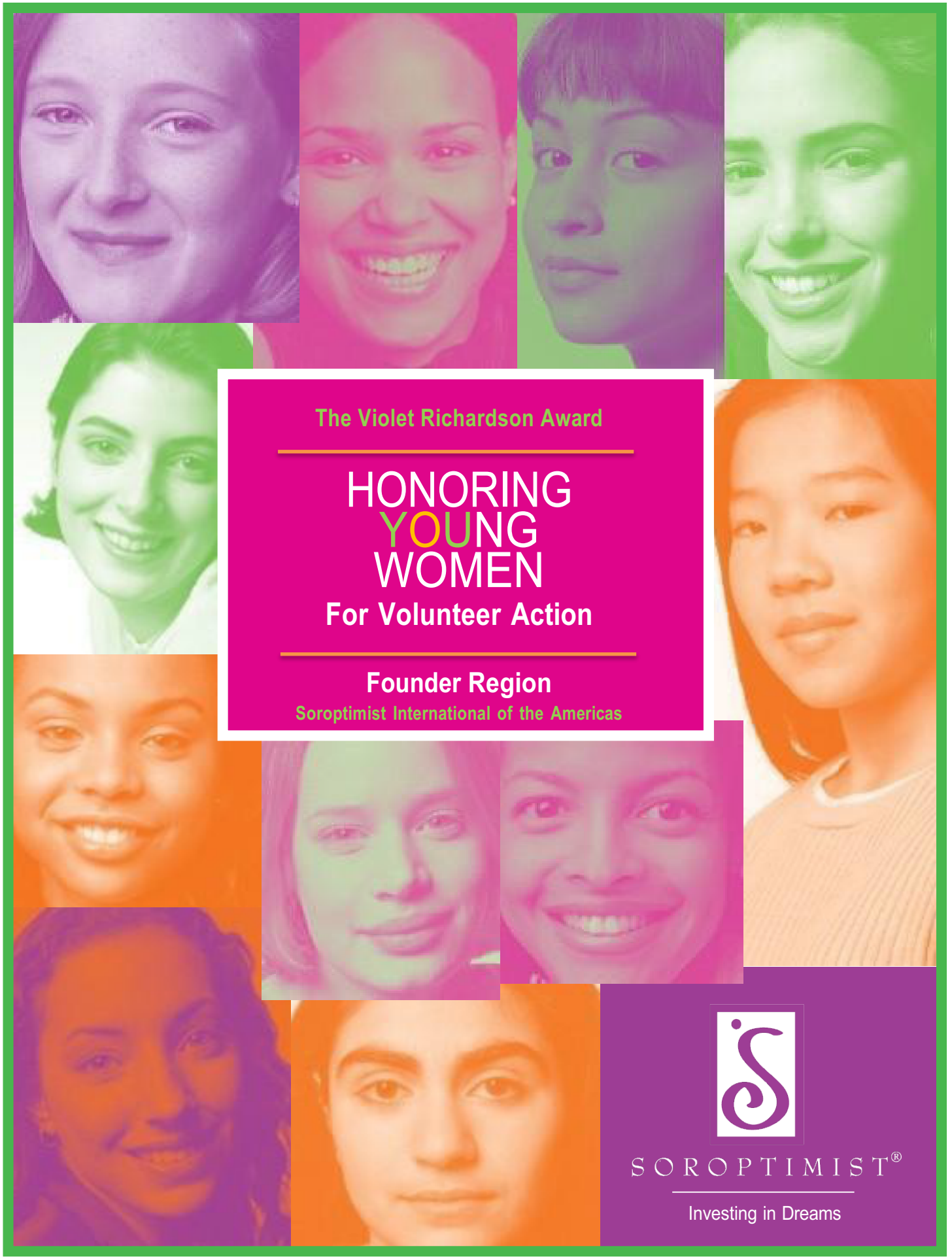

The Violet Richardson Award

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 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.

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.

Revised 8/2026

Violet Richardson Award Application

Founder Region · Soroptimist International of the Americas

Application Deadline: December 15, 2026

ELIGIBILITY

Eligible applicants are young women who: **(1)** are currently between the ages of 14 and 18; **(2)** have demonstrated initiative in identifying a problem and trying to solve it; **(3)** have had significant and noteworthy accomplishments as volunteers, especially projects that benefit women and girls. **Soroptimists, Soroptimist employees, and their immediate families, as well as previous award winners, are ineligible.**

SECTION 1 — APPLICANT INFORMATION

Last Name _____ **First Name** _____ **M.I.** _____

Date of Birth _____ **Email Address** _____

Street Address _____

City _____ **State/Province** _____ **Postal Code** _____

Home Phone _____ **Cell Phone** _____

Name of Volunteer Organization _____

Organization Phone _____ **Organization Website** _____

SECTION 2 — ESSAY – Maximum of 750 words

Your essay should address the following six areas:

1. **Impact on Women and Girls** — Describe how your volunteer work benefits women and girls. Be specific about who is impacted and the outcomes.
2. **Leadership and Responsibilities** — Share your role within the organization. How have you taken initiative or gone beyond expectations?
3. **Choosing the Organization** — Explain how you selected your volunteer organization. Did you join an existing group or create your own?
4. **Community Need** — Identify the need you saw in your community and how your organization works to meet that need.
5. **Successes and Accomplishments** — Include milestones, accomplishments, or success stories from your volunteer experience.
6. **Being a Role Model** — Reflect on how you serve as a role model for other girls interested in volunteering.

TYPE YOUR ESSAY ON THE NEXT PAGE

Essay- Maximum of 750 words.

SECTION 3 — OPTIONAL ADDITIONAL INFORMATION

You may submit supporting materials such as newspaper clippings, photographs, letters of recommendation, or other relevant documents. **Please ensure your name and phone number appear on all additional materials.**

Reference / Recommender (Optional)

Recommender Name _____ **Relationship** **Phone**

SECTION 4 — SUBMIT YOUR APPLICATION

Send your completed application and supporting materials to the local Soroptimist club listed below:

Soroptimist Club Name Soroptimist of the Eel River Valley

Club Contact Person Geri Cunningham

Email Address golfnrev@gmail. com

Mailing Address 1780 Greenfield Place

City / State / Zip Fortuna, CA 95540

Phone 707-327-7832

SECTION 5 — APPLICANT AGREEMENT & SIGNATURES

- 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 if there are any changes to my application.
- I understand this award may be taxable in the United States. Recipients in other countries should check local tax laws.
- I certify 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 Founder Region, SIA upon submission, and that SIA shall have sole discretion in using these materials to publicize the award program.

Applicant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

By signing, parent/guardian gives permission for the applicant to apply for the Violet Richardson Award.

PLEASE COMPLETE THE MEDIA CONSENT FORM ON THE NEXT PAGE. NOTE-YOUR SIGNATURE, OR THE SIGNATURE OF YOUR PARENT OR GUARDIAN AND A WITNESS ARE REQUIRED.

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. **IF 18 SIGN THE FORM WHERE HIGHLIGHTED. IF UNDER 18 PARENT/GUARDIAN TO SIGN. ****

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 _____

**** WITNESS MUST SIGN- ALL FORMS MUST HAVE A WITNESS SIGN THE FORM.**