# 2017 GOLDEN YEARS VOLUNTEER SERVICE AWARDS

To be given to a <u>Clay County</u> senior adult, <u>60 years or older.</u>

To be honored at the 11<sup>th</sup> Annual Golden Years Gala, May 2, 2018

### TELL US WHY

Senior adults give their time and talents, as volunteers, to our community in many areas of service. Please tell us why the person you nominate (the nominee) should be selected to receive a recognition award for **volunteer** service. <u>Please check the category you have selected</u>. Award decisions will be based on information you provide so be as detailed as possible.

### **AWARD CATEGORIES**

| Vo      | lunteer Man of the Year for service during 2017                         |
|---------|---|
| Vo      | lunteer Woman of the Year for service during 2017                       |
| Lif     | etime Achievement – has given at least 20 years of volunteer service to |
| the com | munity  |

### **NOMINATION GUIDELINES**

Nomination forms must be received by <u>January 31, 2018</u> to be considered. The Nominee must serve in <u>Clay County</u>, as a non-paid volunteer and be at least 60 years of age. Nomination forms must be completed in full with all required information to be eligible for consideration. Nomination forms are also available online at <u>www.tscoop.org</u>. For additional questions, call 904-269-5315 or 904-635-7351. Completed nomination form should be submitted in typed or printed form and emailed to <u>info@tscoop.org</u> or mailed to:

Shepherd's Center of Orange Park 2105 Park Avenue, Suite 30 Orange Park, FL 32073

# Nomination submitted by: Name: \_\_\_\_\_\_\_ E-mail Address:\_\_\_\_\_\_\_ E-mail Address:\_\_\_\_\_\_\_ Relationship to Nominee: Nominee's Name: \_\_\_\_\_\_ Address: \_\_\_\_\_\_ City: \_\_\_\_\_ State FL Zip: \_\_\_\_ Email address: \_\_\_\_\_\_ E-mail Address: \_\_\_\_\_ City: \_\_\_\_\_\_ Email address: \_\_\_\_\_\_ City: \_\_\_\_\_\_ Email address: \_\_\_\_\_\_ City: \_\_\_\_\_\_ State FL Zip: \_\_\_\_ Email address: \_\_\_\_\_\_ City: \_\_\_\_\_\_\_ Phone Number : \_\_\_\_\_ E-mail Address: \_\_\_\_\_\_ City: \_\_\_\_\_\_\_ Provided the state of the state o

Daytime Phone: ( ) Cell Phone: ( )

## **REASON FOR NOMINATION:**

| (1)Describe how the work of the volunteer has benefited the people being served (what jobs does this person perform) and the number of people being served:: |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| (2) Describe how the volunteer has had a positive impact on others, and demonstrates dependability, inspiration, and enthusiasm (Tell the person's story):   |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| (3)Provide examples of the volunteer's initiative and innovation:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| (4)List the organizations the nominee serves:  |