



## Macomb County Board of Commissioners 2023 Volunteer Recognition Program Nomination Form

**Form must be filled out completely** and nominees must meet **all eligibility requirements**  
Including **a) be a resident of Macomb County with service anywhere in southeastern Michigan or**  
**b) perform service work that benefits Macomb County citizens/communities**

### Nominee's Information:

**Must be at least 18 years of age and not received an award in the past five years**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Volunteer Service Information:

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Actual number or close estimate of hours volunteered: \_\_\_\_\_ **(Must equal at least 150 hours during 2022 to be eligible)**

Description of involvement / volunteer work: \_\_\_\_\_  
\_\_\_\_\_

How that benefited the organization: \_\_\_\_\_  
\_\_\_\_\_

How the community has benefited from this work: \_\_\_\_\_  
\_\_\_\_\_

Volunteer qualities and characteristics of the Nominee: \_\_\_\_\_  
\_\_\_\_\_

### Senior Volunteer of the Year

Would you like this nominee considered for the Senior Volunteer of the Year Award? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is he/she over the age of 60? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has he/she made outstanding volunteer contributions to the community since turning age 60? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Your Information

Name: \_\_\_\_\_

Organization and Contact Person (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please attach any additional information that could be useful when considering and honoring this Nominee.

**Return by March 10, 2023 at 5 p.m.**

to: [bocadmin@macombgov.org](mailto:bocadmin@macombgov.org) or:

Board of Commissioners, Attn: Volunteer Recognition, One South Main Street, 9th Floor, Mount Clemens, MI 48043

*(No late submissions will be accepted)*