



**Macomb County Board of Commissioners - 2022 Volunteer Recognition Program**

Nomination Form – Please fill out completely

Return by March 4, 2022 to: [bocadmin@macombgov.org](mailto:bocadmin@macombgov.org) - or mail to:

Macomb County BOC Volunteer Rec. Program

1 S. Main Street, 9<sup>th</sup> Floor

Mt. Clemens, MI 48043

Volunteer Nominee Name: \_\_\_\_\_

Volunteer's Complete Home Address: \_\_\_\_\_

\_\_\_\_\_

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

Organization Name/Address for which volunteer hours were performed: \_\_\_\_\_

\_\_\_\_\_

Number of hours\* volunteered to organization: \_\_\_\_\_ *\*Actual number, or close estimate, required\**

Description of involvement in service or volunteer organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe how the Nominee's volunteer work benefited the organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain how the community has benefited from the Nominee's volunteer work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List some of the volunteer qualities and characteristics of the Nominee: \_\_\_\_\_

\_\_\_\_\_

Is this Nomination for the Macomb County Senior Volunteer of the Year Award? \_\_\_\_ yes \_\_\_\_ no

If yes, is the Nominee over age 60 and have they made outstanding volunteer contributions to the community since turning age 60? \_\_\_\_ yes \_\_\_\_ no

Name of **Nominating Individual or Organization**: \_\_\_\_\_

Address of Nominating Individual/Organization: \_\_\_\_\_

Organizational Contact Person and Title: \_\_\_\_\_

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

Please include any additional information below that could be useful when considering this Nominee for the Macomb County Volunteer of the Year Award or the Macomb County Senior Volunteer of the Year Award.