



Macomb County Board of Commissioners - 2020 Volunteer Recognition Program

Nomination Form – Please fill out completely

Return by March 6, 2020 to: bocadmin@macombgov.org - or mail to:

Macomb County BOC Volunteer Rec. Program

1 S. Main Street, 9th 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.