

2019 Living Treasure Award Nomination Form  
*Awards to be given by the Woodbridge Human Services Department at the*

# The Woodbridge Center Living Treasure Award Ceremony

September 14, 2021

**5:30 to 8:30 p.m.**

## **Nominations due August 6, 2021**

I am pleased to nominate \_\_\_\_\_ for the 2021 Woodbridge Human Services Department's Living Treasure Award. I believe this nominee meets the following eligibility requirements.

- ❖ The nominee is a current resident and at least 60 years of age.
- ❖ The nominee has demonstrated positive actions to improve the quality of life for Woodbridge residents through volunteer work.
- ❖ The nominee has contributed, and continues to contribute, time to enhance the Woodbridge community as a whole.
- ❖ The nominee performed this work on a volunteer, unpaid, basis.

Nominee's Name \_\_\_\_\_

Address

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Details of Nomination: Please be specific and detailed in your answers to the following questions. Use additional pages if needed and please write clearly or type.

1. How has the nominee's volunteer service enhanced the lives of Woodbridge residents?
2. How has the nominee's volunteer service improved the community?

3. How has the nominee inspired others to service?

4. Why do you consider this nominee to be a “Living Treasure”?

If the nominee’s service was performed as a volunteer for a specific organization or group, please provide the information below and a contact person for that group.

Group/Organization \_\_\_\_\_  
Contact person \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Information about the person making the nomination:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Relationship to Nominee (may not be a family member):

How did you become familiar with the volunteer’s accomplishments?

Signature of person making the nomination \_\_\_\_\_  
Date \_\_\_\_\_

**Please complete this form and return it by the August 6, 2021 due date to:**

Jeanette Glicksman  
Woodbridge Human Services  
4 Meetinghouse Lane  
Woodbridge, CT 06525  
Or email: [jglicksman@woodbridgect.org](mailto:jglicksman@woodbridgect.org)