

2025 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 25, 2025, 5:30 p.m.

Nominations due July 31, 2025

I am pleased to nominate _____ for the 2025 Woodbridge Human Services Department's Living Treasure Award. I believe this individual meets the following eligibility requirements.

- ❖ The nominee is a current Woodbridge resident and is at least 60 years of age.
- ❖ The nominee has demonstrated positive actions to improve the quality of life for Woodbridge residents through at least 10 years of documented volunteer work.
- ❖ The nominee has contributed, and continues to contribute, time to enhance the Woodbridge community.
- ❖ The nominee performed this work on a volunteer, unpaid, basis.
- ❖ The nominee is an individual, no groups or organizations please.

Nominee's Name _____

Address _____

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. 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. If there are multiple groups, please include all with contact information. Please do research and be specific!

1. **Which organizations, Boards, Commissions, or local groups has the volunteer worked with? Please include the dates of activity with each group.** Please include the name of the Board/Commission, Organization or Activity, the title they held (did they chair the board, were they president of the group), the dates they served, a contact person for the organization/Board and the contact's email address/ phone number. Please do this for each service position.

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

Information about the person writing 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 July 31, 2025 to:

Jeanette Glicksman

Woodbridge Human Services

11 Meetinghouse Lane

Woodbridge, CT 06525

Or email: jglicksman@woodbridgect.org