

## 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](mailto:jglicksman@woodbridgect.org)