

Jackson County Senior Volunteer of the Year Nomination Form 2024

Nominee's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Telephone: () _____

Occupation (if retired, occupation prior to retirement): _____

Can nominee receive the award in person? Yes No

Name of Nominating Organization OR Individual:		
Organization Contact Name and Position:		
Address:		
City:	State:	Zip Code:
E-mail Address:		
Telephone: () _____	Fax: () _____	

Nominations must be received by June 12, 2024

SEND TO:
Jackson County Department on Aging
Senior Volunteer of the Year
1715 Lansing Ave.
Jackson, MI 49202-2193
Email to LMead@mijackson.org
FAX 517.780.4739