

# Jackson County Senior Volunteer of the Year Nomination Form 2025

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

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

***Nominations must be received by June 13, 2025***

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