



Community and Senior Services Commission

Older American of the Year Nomination Form

Older American of the Year Award

- The **Community Services Older American of the Year Award** is given to recognize a candidate who has contributed to improving the overall community through volunteer service within the past ten (10) years.

Nomination Criteria and Guidelines

- Nominee must be 60 years of age or older.
- Nominees must have demonstrated a high level of dedication and commitment in regard to serving the community of West Covina. Commitment is usually measured by the amount of time and energy that is devoted to a particular program or activity on an on-going basis. It can be described as 'going beyond the line of duty.'
- The service performed by the individual shall be voluntary, i.e., without financial compensation or legal obligation, and done of the individual's free will. Service associated with, but distinct from the aforementioned limitations may be considered appropriate for recognition. In this case, it shall be the responsibility of the individual making the nomination to demonstrate a distinction
- An individual cannot receive an award more than once. (Or in a five-year period for the same award)
- Employees, elected, or appointed representatives of the City cannot be nominated.
- The service performed shall have a significant impact in the community of West Covina, with strong support provided by the individual making the nomination.
- The service, in whole or in part (if the duration is long-term), performed shall have occurred during the year for which the individual is being recognized.
- The award is not limited to West Covina residents.
- Anyone may submit a nomination for consideration by the Commission.
- The Community and Senior Services Commission will determine the Community Services and Recreation Services Volunteers of the Year.

Nomination Form on Reverse

In order for the nomination to be considered, it must be received by **Monday, March 13, 2017.**

Mail, Fax, or e-mail to: City of West Covina

Community Services Department - Volunteer of the Year

1444 W. Garvey Avenue, South, Room 316, West Covina, CA 91790

Phone: (626) 939-8489 Fax: (626) 939-8675 e-mail: Deborah.johnston@westcovina.org



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Nominee Information

Name: _____

Address: _____

Phone: _____

Age: _____

Is the nominee a U.S. Military Veteran? Yes or No
If YES, which Military Service? (Circle One) Army Navy Marines Air Force

Sponsor Information

Name/Organization: _____

Address: _____

Phone: _____

Please indicate that the nominee meets the qualifying criteria:

- The nominee is 60 years of age or older.
- The nominee performed the service on a voluntary basis.
- The nominee is not a past recipient of this award.
- The nominee is not an employee, elected, or appointed representative of the City.
- The service was performed during the year for which the nominee is to be recognized.
- The nominee has demonstrated a high level of dedication and commitment in regard to serving the community.

Please describe what service the nominee performed for the betterment of the community. Please attach additional pages if necessary:

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