

# TOWN OF WOODBRIDGE

## HUMAN SERVICES DEPARTMENT



11 Meetinghouse Lane, Woodbridge, Connecticut 06525  
Telephone (203) 389-3429



### 2018 Living Treasure Award Nomination Form

#### *Living Treasure Award Ceremony*

**October 3, 2018**

**5:30 to 8:30 p.m.**

I am pleased to nominate \_\_\_\_\_ for the 2018 Woodbridge Human Services Department's Living Treasure Award. I believe this nominee meets the following eligibility requirements.

- ❖ The nominee is a current resident and at least 60 years of age.
- ❖ The nominee has demonstrated positive actions to improve the quality of life for Woodbridge residents.
- ❖ The nominee has contributed, and may continue to contribute, time to enhance the Woodbridge community as a whole.
- ❖ The nominee performed this work on a volunteer, unpaid basis.

Nominee's Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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.

1. How has the nominee's service enhanced the lives of Woodbridge residents?

2. How has the nominee's service improved the community?

3. How has the nominee inspired others to do service?
  
4. How did you become familiar with the volunteer's service?
  
  
  
  
  
  
  
  
  
  
5. Why do you consider this nominee to be a "Living Treasure"?

If the nominee's service was performed as a volunteer for a specific organization or group, please provide the information below as a contact person for that group.

Group/Organization \_\_\_\_\_  
Contact person \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Information about the person making the nomination:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Relationship to Nominee (may not be a family member):

Signature of person making the nomination \_\_\_\_\_  
Date \_\_\_\_\_

**Please complete both sides of this form and return it by mail or in person by August 10<sup>th</sup>, 2018 to**

Jeanette Glicksman, Senior Center Director  
The Woodbridge Center  
4 Meetinghouse Lane  
Woodbridge, CT 06525  
**email submissions to: [jglicksman@woodbridgect.org](mailto:jglicksman@woodbridgect.org)**