

ADULT NOMINATION FORM

2017 Putnam County Youth Awards

The Putnam County Youth Bureau and Youth Board are pleased to accept Adult Volunteer Nominations for the 2017 Putnam County Youth Awards. The recognition event will be held Friday evening, April 7th, 2017 at the Putnam County Golf Course. Registration begins at 6:00 pm and the program starts promptly at 6:30 pm.

To nominate a deserving adult volunteer for his/her outstanding community service work with Putnam youth that benefits our community, please complete and return the attached form to us by Wednesday, December 7th, 2016 at 12 Noon.

PUTNAM COUNTY YOUTH BUREAU

ATTN: YAD NOMINATION

Donald B. Smith Government Campus
110 Old Route Six - Building Three
Carmel, New York 10512—2119
(845) 808-1600 Extension 46113

Electronic Submission Preferred: youthawards@putnamcountyny.gov

**NOMINATIONS MAY BE MAILED, DELIVERED OR E-MAILED TO THE YOUTH BUREAU!
ABSOLUTELY NO ATTACHMENTS AND NO FAXES WILL BE ACCEPTED OR CONSIDERED!**

2017 YOUTH AWARDS – ADULT NOMINATION FORM
DEADLINE: WED. DECEMBER 7, 2016 (FAXES WILL NOT BE ACCEPTED)

**** ELECTRONIC SUBMISSION PREFERRED (youthawards@putnamcountyny.gov) ****

ADULT VOLUNTEER NOMINATION GUIDELINES

(NO ATTACHMENTS ACCEPTED)

- Must be over 21 years of age and must live OR work in Putnam County
- Must have performed at least two (2) consecutive years of volunteer work with Putnam Youth
- Volunteer work with Putnam Youth from previous years will be considered
- Volunteer service must have been *unpaid* and must have benefitted Putnam County residents
- Only individual volunteers are eligible for this award; volunteer groups will not be considered
- Nominator may serve as one of the volunteer's three (3) required references ***unless the nominator is a relative.***

Qualities Considered for Award Selection

(PLEASE TYPE OR PRINT)

- Commitment/Consistency to Service
- Attitude
- Positive Role Model
- Leadership

PRINT/TYPE NOMINEE'S CONTACT INFORMATION BELOW:

Nominee: _____ Phone: _____

Nominee's Mailing Address: _____

City: _____ Zip: _____ E-Mail: _____

PRINT/TYPE YOUR CONTACT INFORMATION BELOW:

Nominator's Name: _____ Date: _____

Agency (if applicable): _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ E-Mail: _____

VOLUNTEER SERVICE PERFORMED

Type of Service

Agency/Organization

List up to four (4) different volunteer service activities, *which you are familiar with*, that this adult nominee has performed:

Example: Coached (sport) for 10 years with Carmel Sports Association

1. _____

2. _____

3. _____

4. _____

PUTNAM COUNTY YOUTH BUREAU
DONALD B. SMITH GOVERNMENT CAMPUS
110 OLD ROUTE SIX - BUILDING THREE
CARMEL, NEW YORK 10512—2119
(845) 808-1600 Ext. 46113

ALL NOMINATIONS MUST BE RECEIVED BY:
WEDNESDAY, DECEMBER 7TH AT 12 NOON
E-MAIL NOMINATION FORM TO:
youthawards@putnamcountyny.gov