

**MACOMB COUNTY BOARD OF COMMISSIONERS
VOLUNTEER RECOGNITION NOMINATION FORM**

See Nominating Criteria on back of this form

*All fields are required.
Please **print or type** all information requested.*

NOMINATIONS MUST BE SUBMITTED BY: March 8, 2019

(Name of **Volunteer Being Nominated**)

Volunteer's Home Address

City

State

Zip

Phone

Alternate Phone

Email address

Name & Address of organization to which volunteer hours were performed

Duties performed

Number of hours volunteered for organization*
**An actual number, or close estimate, is required*

(Name of **Nominating Organization or Individual**)

Address

City

State

Zip

Contact Person

Title

Phone

Alternate Phone

Email address

Please attach an explanation, in **100 words or less**, explaining why this individual should be recognized as one of Macomb County's Volunteers of the Year.