

## CATRD's Volunteer of the Year Award Application

NOMINEE'S NAME OR GROUP CONTACT INFORMATION
Please check: ☐ Individual or ☐ Group
(Mr.) (Mrs.) (Ms.)
Address:
Telephone: Home: Work: Cell:
Nominating Facility Name:
Address:
Telephone: Fax:
Contact Person: Membership #:
Size of your facility:
Total Time Volunteered:
Frequency of Service:
Hours per Week: Hours per Month:
Hours Per Year:
Is the volunteer a member of a volunteer agency? If yes, what agency?
Primary Volunteer Activities/Duties and Responsibilities (please be specific):
Has this Nominee served to recruit other volunteers? If yes, how many?

In 100 to 250 words explain why you feel this nominee should be selected to receive
this award. Hint ~ how has the volunteer service provided, improved or enhance the
quality of life for the clients or residents served at your facility?

## MAIL COMPLETED APPLICATION TO:

Marion Pierce 113 Southwood Terrace Southbury, CT 06488 Phone: 203-232-0994

Applications are due by September 30<sup>th</sup>.