2020 PETER McGRATH OLDER AMERICAN
VOLUNTEER SERVICE AWARD
NOMINATION FORM

(Nominee must be a Burbank resident and 60 years of age or older)

The awards selection committee will analyze and select the award recipients from information submitted on and with this form ONLY. See introductory letter for qualifications.

NAME OF NOMINEE: __________________________________________ AGE: _____
COMPLETE ADDRESS: __________________________________________ ZIP: ______
PHONE: ___________________ LENGTH OF TIME AS BURBANK RESIDENT: ______
*NOMINATED BY: __________________________________________
PHONE: __________________________
(* If self-nominated please list the name & phone number of a reference for verification of information.)

CURRENT VOLUNTEER SERVICES (Tell us what services the nominee is involved in and why you think he/she should receive this award. It is important that we have detailed information in order to select the best nominees. Use the back of this form or attach additional sheets if needed):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Please include a photo of the nominee with submission

Please describe your nominee in 3 words:
__________________________
__________________________
__________________________

Please return this form by Friday, March 13, 2020 to:
Joslyn Adult Center
Attn: Recreation Supervisor
P.O. Box 6459, Burbank, CA 91510-6459
Or fax to 818.238.5388
Questions? Call 818.238.5353

Staff use only:
City ☐  County ☐
Approval: _______ _______
________ _______ _______