

**2026 Volunteer Recognition Nominee Survey**

**Name & Title of Person Filling Out This Survey\***

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**Telephone Number\***

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**Email Address\***

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**Nominee First Name\***

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**Nominee Last Name\***

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**Nominee Nickname (if any)\***

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**Phonetic Pronunciation of Nominee's Name\***

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**Nominee Address\***

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**Nominee City\***

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**Nominee Zip\***

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**Nominee Telephone\***

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**Nominee Email\***

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**Nominee's NYS Senate Representative\***

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**Nominee's NYS Assembly Representative\***

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**Is it OK to share the nominee's contact information with legislators/press if requested?\* (Yes / No)**

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**Nominee Bio: Number of Children\***

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**Nominee Bio: Number of Grandchildren\***

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**Nominee Bio: Number of Great-Grandchildren\***

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**Nominee Bio: Years of Volunteer Service\***

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**Nominee Bio: Previous or Current Profession\***

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**Nominee Bio: Military Branch (if any)\***

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**Organizations for which the nominee volunteers/has volunteered\***

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**Nominee Profile (250-word limit)\***

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**Nominee Advice About Volunteering (50-word limit)\***

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**List any local newspapers that cover the honoree's community\***

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**SUBMIT THIS FORM TO THE SULLIVAN COUNTY OFFICE FOR THE AGING**  
**sullivanofa@sullivanny.org**  
**100 North Street, Monticello, NY 12701**