

2026 Volunteer Recognition Nominee Survey

Name & Title of Person Filling Out This Survey*

Telephone Number*

Email Address*

Nominee First Name*

Nominee Last Name*

Nominee Nickname (if any)*

Phonetic Pronunciation of Nominee's Name*

Nominee Address*

Nominee City*

Nominee Zip*

Nominee Telephone*

Nominee Email*

Nominee's NYS Senate Representative*

Nominee's NYS Assembly Representative*

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

Nominee Bio: Number of Children*

Nominee Bio: Number of Grandchildren*

Nominee Bio: Number of Great-Grandchildren*

Nominee Bio: Years of Volunteer Service*

Nominee Bio: Previous or Current Profession*

Nominee Bio: Military Branch (if any)*

Organizations for which the nominee volunteers/has volunteered*

Nominee Profile (250-word limit)*

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Nominee Advice About Volunteering (50-word limit)*

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

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