[Sample]

2023 Outstanding Senior Volunteer Award Application

This is an example of the application experience for nominating another person for the 2023 Medical Mutual Outstanding Senior Volunteer Awards. Candidates may also submit an application for themselves if they would like to do so.

Please submit nominations via this link: https://medmutual.surveymonkey.com/r/SeniorAwards2023



Medical Mutual's 2023 Outstanding Senior Volunteer Award Nomination Form

Eligibility Requirements

- 1. Nominees must be at least age 60 and have been engaged in a volunteer activity for a minimum of one year.
- 2. Volunteer activities do NOT have to be done on behalf of an organization.
- 3. Self-nominations are accepted.
- 4. Nominators may submit up to three nominations per year.
- 5. Nominees are not required to carry Medical Mutual insurance.
- 6. Previous award recipients may not be nominated.

To nominate someone (or yourself) for this year's Outstanding Senior Volunteer Awards, complete the following form by June 4, 2023.

If you need assistance, please contact Ariel Pruitt, Sr. Corporate Responsibility Specialist: ariel.pruitt@medmutual.com





Medical Mutual's 2023 Outstanding Senior Volunteer Award Nomination Form

* 1. Are you nominating yourself or someone else? 오

🔘 Someone else

🔿 Myself

* 2. For which metropolitan area are you submitting this application? 오

◯ Cleveland

O Columbus

🔿 Cincinnati



Medical Mutual's 2023 Outstanding Senior Volunteer Award Nomination Form

* 3. Tell us about you	rself (The Nominato	r): 오
Nominator's Name *		
Nominator's Address *		
Nominator's Address 2		
Nominator's City/Town *]
Nominator's State/Province *	select state	\$
Nominator's ZIP/Postal Code *		
Nominator's Email Address *		-
Nominator's Phone Number		

4. Relation to the Nominee: 🛛
○ Relative
○ Spouse/Partner
◯ Colleague
○ Fellow Volunteer
○ Friend
Other (please specify)
5. Are you submitting this nomination on behalf of an organization? 오
⊖ Yes
○ No

Medical Mutual's 2023 Outstanding Senior Volunteer Award Nomination Form

* 6. Tell us about the	organization: 오	
Organization Name *		
Organization Address *		
Organization Address 2		
Organization City/Town *]
Organization State/Province *	select state	\$
Organization ZIP/Postal Code *		
Organization Email Address *		-
Organization Phone Number *		
	L	

* 7. Tell us about the nominee: 오

Nominee Name *	
Nominee Address *	
Nominee Address 2	
Nominee City/Town *	
Nominee State/Province *	select state 📌
Nominee ZIP/Postal Code *	
Nominee Email Address *	
Nominee Phone Number	
	he nominee born? 🖸 currently have a paying job? 🖸
() Yes	
O No	
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Medie	cal Mutual's 2023 Outstanding Senior Volunteer Award Nomination Form

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Medical Mutual's 2023 Outstanding Senior Volunteer Award Nomination Form

*1. How long has the nominee been making a difference in their community and with what frequency?
2. If the nominee is associated with any organization(s), please list them here along with the nominee's length of service for each.
Tell us about the nominee by answering at least two (2) of the following questions.
Tell us about the nominee impacted and/or inspired the community or you personally?
1. How has the nominee go above and beyond in their volunteer efforts?
1. How does the nominee meet challenges and/or make personal sacrifices to help others?

17. You are welcome to upload supplemental information about your nominee's work in the community. Suggested materials include newspaper articles, past award profiles, photos, or letters of recommendation.

Only PDF, DOC, DOCX, PNG, JPG & JPEG, files are supported. File size limit is 16MB.

Choose File No file chosen

18. Please upload additional materials here. 오

Only PDF, DOC, DOCX, PNG, JPG & JPEG, files are supported. File size limit is 16MB.

Choose File No file chosen

19. Please upload additional materials here. 오

Only PDF, DOC, DOCX, PNG, JPG & JPEG, files are supported. File size limit is 16MB.

Choose File No file chosen

20. How did you find out about the Outstanding Senior Awards nomination process? 오

O Medical Mutual postcard

O Social media post from Medical Mutual

O Social media post from family member or friend

O Newspaper or magazine

O Medical Mutual employee

O Previous winner or event attendee

Other (please specify)

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