

# 2025 GOLDEN YEARS VOLUNTEER SERVICE AWARDS

***To be given to a Clay County senior adult, 60 years or older.***  
***Winners announced at the 18<sup>th</sup> Annual Golden Years Gala, May 7, 2025***

**TELL US WHY**

Senior adults give their time and talents, as volunteers, to our community in many areas of service. Please tell us why the person you nominate (the nominee) should be selected to receive a recognition award for **volunteer** service. **Please check the category you have selected.** Award decisions will be based on information you provide so be as detailed as possible.

**AWARD CATEGORIES**

- Volunteer Man of the Year for service during 2024**
- Volunteer Woman of the Year for service during 2024**
- Ernie Cohen Lifetime Achievement** – has given at least 20 years of volunteer service to the community

**NOMINATION GUIDELINES**

Nomination forms must be received by **January 31, 2025** to be considered. The Nominee must serve in **Clay County, as a non-paid volunteer and be at least 60 years of age.** Nomination forms must be completed in full with all required information to be eligible for consideration. Nomination forms are also available online at [www.tscoop.org](http://www.tscoop.org). For additional questions, call 904-269-5315 or 904-635-7351. Completed nomination form should be submitted in typed or printed and emailed to [info@tscoop.org](mailto:info@tscoop.org) or mailed to:

**Shepherd's Center of Orange Park  
2105 Park Avenue, Suite 30  
Orange Park, FL 32073**

**Nomination submitted by: (Required)**

Name: \_\_\_\_\_

Phone Number : \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

**Have you notified the nominee that they have been nominated? Yes No Check One**

**NOMINEE INFORMATION**  
**(Required)**

Nominee's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State **FL** Zip: \_\_\_\_\_ Email address: \_\_\_\_\_  
Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**REASON FOR NOMINATION**

- 1. Is the nominee 60 years of age or older?    Yes    No    Fill one
- 2. Does the nominee volunteer in Clay County?    Yes    No    Fill one  
*If you have answered no to either question, the nominee is not eligible for nomination.*
- 3. What non-profit agency/agencies does the nominee volunteer for? (There may be more than one agency)

Agency name/names:

4. What does the nominee do at the nonprofit agency they serve and how many people do they serve? (Job)

Volunteer position and number of people served:

Nominees Name: \_\_\_\_\_

5. Describe how the volunteer has had a positive impact on others and demonstrates dependability, inspiration, and enthusiasm. (Tell the person's story):

Nominees Story

Continue on next page for Lifetime Achievement Nomination

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Nominees Name: \_\_\_\_\_

5. Explain the nominee's accomplishments that have made a significant impact for the last 20 years.

[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]