

Award Information

The Ontario Senior of the Year Award gives each municipality in Ontario the opportunity to honour one outstanding local Ontarian who after the age of 65 has enriched the social, cultural or civic life of his or her community.

Who is eligible?

Your nominee must be:

- At least 65 years of age.
- A resident of Ontario.
- A living person who has made their community a better place to live.
- Nominated by a municipality in Ontario.

Nominations will not be accepted if they are self-nominated for elected federal, provincial, municipal representatives or for political appointees.

How are the recipients selected?

If nomination criteria are met, a certificate will be mailed to the municipality within three to four weeks of receiving the submission.

Required Information

- Municipality Information
- Nominee's name and contact information (home address, telephone number, email etc.)
- Municipal representative contact information (name, business address, telephone number, email etc.

For the deadline date, please visit <u>www.ontario.ca/honoursandawards</u> or contact the Volunteer Recognition Unit:

Telephone: 416-326-0206 Toll Free: 1-833-986-4022

VRS: 437-538-4850

Email: OntarioVolunteerServiceAwards@ontario.ca



Ontario Senior of the Year Award

Instructions

For the deadline date, please visit <u>www.ontario.ca/honoursandawards</u> or contact the Volunteer Recognition Unit.

Nominations are not accepted by email. Please send completed forms to the following address:

Volunteer Recognition Unit

Ministry of Citizenship and Multiculturalism

400 University Avenue, 2nd Floor

Toronto, ON M7A 2R9

Telephone: 416-326-0206 Toll Free: 1-833-986-4022 VRS: 437-538-4850

Email: OntarioVolunteerServiceAwards@ontario.ca

Vebsite: www.ontario.ca/honoursandawards Your comments regarding the form and process are welcome. P	Please er	nail your com	ments directly to	us at the above	email address.
Vour comments regarding the form and process are westernian. Municipality Information - Step 1 of 5					
Name of Municipality/Township					
Business Address Street No. No. Suffix Street Name			Street Type	Street Direction	Unit/Suite/Apt
Delivery Mode General Delivery Mobile Route Post Off	fice Box	PO Box No. (L e.g., 123456)	Rural Route No.	(e.g., 123456)
Rural Route Suburban Service Provin	nce			Postal Code (e.g	j., M7A2R9)
Primary Telephone Number (e.g., 555-555-5555 x555) Alternate Telephone Number (e.g.,				555-555-5555 x555)	
Email (e.g. email@address.com)				-	
Preferred Language of Communication English Frem Nominee Information - Step 2 of 5 Form of address (e.g. Dr., Honourable, Sargent, Reverend, Elder)	nch				
Form or address (e.g. Dr., Honodrabie, Gargery,		I NI and			
First Name	Las	st Name			
Home Address City Address Rural Route or PO Box Address	ı				
City Address Rural Route of PO Box Address Street No. No. Suffix Street Name			Street Type	Street Direction	
General Delivery	Office Bo	1	o. (e.g., 123456)	Rural Route No	o. (e.g., 123456)
Rural Route Suburban Service City	vince			Postal Code (6	e.g., M7A2R9)

Primary Telephone Number (e.g., 555-5	555-5555 x555)	Alternate Telephone Number (e.g., 555-555-5555 x555)		
Email (e.g. email@address.com)				
Preferred Language of Communication	English French			
Ceremony Presentation Date - Sto	ep 3 of 5			
Please provide the ceremony presentat Certificate will be mailed within three to	The state of the s			
Municipal Representative Informa	ation - Step 4 of 5			
Form of address (e.g. Dr., Honourable,	Sargent, Reverend, Elder)			
First Name	Last Name	Pos	ition/Title	
Primary Telephone Number (e.g., 555-5	555-5555 x555)	Alternate Telephone Nur	mber (e.g., 555-555-5555 x555)	
Email (e.g. email@address.com)				
Preferred Language of Communication	English French			
Declaration - Step 5 of 5				
of Information and Protection of Privacy Administration of the Ontario Senior of the	ct, R.S.O. 1990, c.F.31, the persone Year which is a program that is S.O. 1990, c. M.18. The personal	nal information collected or consistent with the mandat	nce with subsection 39(2) of the <i>Ontario Freedom</i> this form is necessary to the proper e of the Ministry prescribed under s. 4 of the sed solely for the determination of nominee's	
The personal information collected in this administration of the program without expr			nd cannot be shared for purposes other than the	
For further information, please contact:				
Manager, Volunteer Recognition Unit Ministry of Citizenship and Multiculturalism Telephone: 416-326-0206 (toll free: 1-833- 400 University Avenue, 2nd Floor Toronto, ON M7A 2R9				
I confirm my nominee meets the elig all information provided in this applic			I representative or designate and declare that	
Nominator Signature			Date	
		71.		