Department of
Children & Family Services
Cayman Islands Government

CONFIDENTIAL

2023 Older Persons Month Ambassador

Nomination Form

Name of Nominee: _____

District of Nominee: _____

Contact number: _____

Name of Individual submitting this entry: _____

Address: _____

Telephone number: _____ **Email:** _____

Contribution: Please be specific and detailed in your answers to the following suggested guidelines.

Brief description of the outstanding effort contributed by this individual for the betterment of the community. Include projects/organizations/ community service, what role, the resulting achievement(s)/leadership/good neighbor/role model/inspired others/ show supporting evidence where necessary.

1. Brief description of service/activity the nominee is being nominated for. Include where the nominee volunteers: approximate number of years spent volunteering and hours per month.

2. Describe how the nominee's volunteer work enhances the lives of others/ or how the nominee's volunteer work has improved the community?

3. What is inspiring, unusual, or outstanding about the nominee's achievement?

4. Other comments.

I am pleased to nominate _____ for the 2023 Older Person Ambassador award.

Signature: _____

Date: _____

Completed nomination form must be returned to the Older Person Month Committee at DCFS office or emailed to: dcfs@gov.ky

Deadline: Nominations must be received by Friday 8th Sept. 2023.