



## Ontario Senior Achievement Award

#### **Award Information**

To recognize outstanding seniors who, after age 65, have made significant contributions to their communities. The outstanding voluntary or professional achievement may be in any field of endeavour. Each year, up to 20 individuals are selected to receive this award.

### Who is eligible?

Your nominee must be:

- An individual 65 years of age or over.
- A resident of Ontario.
- Be a living person.

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

## How are the recipients selected?

An independent selection committee made up of representatives from the seniors' community and appointed by the Minister of Seniors and Accessibility reviews all nominations and recommends the recipients.

### When are the awards presented?

The awards are presented at a special ceremony held in the Lieutenant Governor's Suite at Queen's Park.

#### **Required Information**

- Nominee name and contact information (address, telephone number, email etc...)
- A detailed description why your nominee should receive the award
- Two signed testimonial letters from two separate individuals who have direct knowledge of the value and impact of the nominee's achievement and who support the nomination. Digital signatures or a scanned copy of the signed letter are accepted
- Supporting documents (optional) such as supplementary testimonials, publications, media stories, etc.

For the deadline date, please visit www.ontario.ca/honoursandawards 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 Achievement Award**

#### Instructions

For the deadline date, please visit www.ontario.ca/honoursandawards 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 1075 Bay St, 7th Floor Toronto, ON M5S 2B1

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

Email: <u>OntarioVolunteerServiceAwards@ontario.ca</u> Website: <u>www.ontario.ca/honoursandawards</u>

Your comments regarding the form and process are welcome. Please email your comments directly to us at the above email address.

Nominee Information - Step 1 of 6						
Form of address (e.g. Dr., Honourable, Sargent, Reverend, Elder)						
First Name	Last Name					
Name of Organization	e of Organization Position/Title					
Address Address Type						
Home Business						
Street No. No. Suffix Street Name		Street Type	Street Direction	Unit/Suite/Apt		
Delivery Mode	PO Box (e.g.	, 123456)	Rural Route No.	(e.g., 123456)		
General Delivery Mobile Route Post Office	e Box					
Rural Route Suburban Service						
City	9		Postal Code (e.g	., M7A2R9)		
Primary Telephone Number (e.g., 555-555-5555 x555)	5) Alternate Telephone Number (e.g.,		55-555-5555 x555)			
Email (e.g. email@address.com)						
Preferred Language of Communication English French						

# Achievement Description - Step 2 of 6

Provide a detailed description of the reasons why your nominee should receive the award. This should include evidence and clear examples of what makes your nominee exceptional. For example:

- Impact the achievement has had in the community and/or province
- · Extraordinary circumstances or challenges the nominee faced
- · Ongoing leadership and dedication
- When the achievement was initiated and completed
- Relevant background or related historical information
- How long you have known the nominee

Write the detailed description in the area below. Maximum 8,000 characters (including spaces and punctuations)

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Testimonial Writers - Step 3 of 6					
Testimonial Writer 1 - Include the signed testimonial with this nomination form.					
Form of address (e.g. Dr., Honourable, Sargent, Reverend, Elder)					
First Name	Last Name				
Name of Organization	Position/Title				
Primary Telephone Number (e.g., 555-555-5555 x555)	Alternate Telephone Number (e.g., 555-555-5555 x555)				
Email (e.g. email@address.com)					
Testimonial Writer 2 - Include the signed testimonial with this nom	ination form.				
Form of address (e.g. Dr., Honourable, Sargent, Reverend, Elder)					
First Name	Last Name				
Name of Organization	Position/Title				
Primary Telephone Number (e.g., 555-555-5555 x555)	Alternate Telephone Number (e.g., 555-555-5555 x555)				
Email (e.g. email@address.com)					
Optional Supporting Material - Step 4 of 6					
Supporting documents enhance the nomination by provide relevant add achievement(s). Examples may include supplementary testimonials, m					
1. Supporting Material - Provide a short description of the material here					
2. Supporting Material					
3. Supporting Material					
4. Supporting Material					
5. Supporting Material					

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6. Supporting Material

Nominator Details - Step 5 of 6				
Form of address (e.g. Dr., Honourable, Sargent, Reverend, Elder)				
	T.			
First Name	Last Name			
Name of Organization	Desition/Title			
Name of Organization	Position/Title			
Address				
Address Type				
☐ Home ☐ Business				
Street No. No. Suffix Street Name	S	Street Type St	treet Direction	Unit/Suite/Apt
Delivery Mode	PO Box (e.g., 1	23456) Ru	ural Route No.	 (e.g., 123456)
General Delivery Mobile Route Post Office	, -			(3-,)
Rural Route Suburban Service				
City	;	Po	ostal Code (e.g	., M7A2R9)
Primary Telephone Number (e.g., 555-555-5555 x555)	Alternate Telephone I	Number (e.g., 555-	555-5555 x555	5)
Email (e.g. email@address.com)				
Zinan (e.g. eman@adarese.sem)				
Professed Language of Communication				
Preferred Language of Communication English French				
Declaration - Step 6 of 6				
The Ontario government is committed to ensuring the privacy of your person of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31, the person				
administration of the Ontario Senior Achievement Award for Voluntarism	which is a program that	is consistent with th	e mandate of th	e Ministry
prescribed under s. 4 of the <i>Ministry of Citizenship and Culture Act</i> , R.S.O. determination of nominee's eligibility and review and recommendation by the		onal information coll	ected are used	solely for the
The personal information collected in this nomination package belongs in p	-	or and cannot be sha	ared for nurnose	es other than the
administration of the program without express written consent of the nomin		or and cannot be she	area for purpose	3 Other than the
For further information, please contact:				
Manager, Volunteer Recognition Unit				
Ministry of Citizenship and Multiculturalism Telephone: 416-326-0206 (toll free: 1-833-986-4022)				
1075 Bay St, 7th Floor				
Toronto, ON M5S 2B1				
I confirm my nominee meets the eligible requirements and hereby				
accurate in every respect. I understand that the nominee would be for any reason.	required to return the a	ward if the informa	tion is found to	be inaccurate
,				
Nominator Signature			Date	

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