

## Award Information

To recognize individual volunteers for continuous years of commitment and dedicated service to an organization.

Adults are recognized for five, 10, 15, 20, 25, 30, 35, 40, 45, 50, 55, 60 and 65 years of continuous service. Youth (24 years old and under) are recognized for two or more years of continuous service.

## Who is eligible?

Organizations that have been in existence for a minimum of five years may submit a nomination.

Each organization may nominate up to nine volunteers (of which a maximum of 6 nominees may be adults).

Nominee(s) are eligible as per the criteria below:

- Must be living persons residing and volunteering in Ontario.
- Must not have received payment for their volunteer work.
- Must be active beyond simple membership in an organization.
- Must not have performed the services as part of their regular business or professional duties.

Youth nominees:

- Must be under 24 years old and under and have volunteered with one organization for at least two consecutive years.

Adult nominees:

- Must have volunteered with one organization for at least five consecutive years.

Organizations with more than one branch can nominate up to nine volunteers, in the same manner as mentioned above.

## How are the recipients selected?

If nomination criteria is met, notification is sent to the organization confirming that the nomination has been accepted.

## How are the awards presented?

Recipients are presented with a stylized trillium service pin acknowledging their years of service. Recipients also receive a personalized certificate.

## Required Information

- Nominating organization information
- Volunteer name(s) and contact information (home address, telephone number, email etc...)
- Organization representative contact information (name, business address, telephone number, email etc...)

For the deadline date, please visit [www.ontario.ca/honoursandawards](http://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](mailto:OntarioVolunteerServiceAwards@ontario.ca)

## Instructions

For the deadline date, please visit [www.ontario.ca/honoursandawards](http://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  
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](mailto:OntarioVolunteerServiceAwards@ontario.ca)

Website: [www.ontario.ca/honoursandawards](http://www.ontario.ca/honoursandawards)

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

### Nominating Organization Information - Step 1 of 4

Name of Organization			Branch/Division/Section		
Organization Website			Year organization was established (e.g., 1999)		
<b>Organization Address</b>					
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)
<input type="checkbox"/> General Delivery <input type="checkbox"/> Mobile Route <input type="checkbox"/> Post Office Box					
<input type="checkbox"/> Rural Route <input type="checkbox"/> Suburban Service					
City			Province		Postal Code (e.g., M1M1M1)
Organization Telephone Number (e.g., 555-555-5555 x555)			Email (e.g. email@address.com)		
Preferred language of communication <input type="checkbox"/> English <input type="checkbox"/> French					

## Volunteers Being Nominated - Step 2 of 4

You may nominate up to 9 volunteers (of which a maximum of 6 nominees can be adults).

**Please note that volunteers will automatically be invited to a ceremony closest to the organization address unless specified below.**

### Volunteer 1

First Name			Last Name		
<b>Home Address</b>					
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)
<input type="checkbox"/> General Delivery			<input type="checkbox"/> Mobile Route		<input type="checkbox"/> Post Office Box
<input type="checkbox"/> Rural Route			<input type="checkbox"/> Suburban Service		
City			Province		Postal Code (e.g., M1M1M1)
Telephone Number (e.g., 555-555-5555 x555)			Email (e.g. email@address.com)		
Age Category <input type="checkbox"/> Youth (24 and under) <input type="checkbox"/> Adult (over 24)					

Number of consecutive years as volunteer in the Organization

☐ 2-4 yrs ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40 ☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65

Preferred language of communication ☐ English ☐ French ☐ Invite Volunteer to a ceremony closest to their home address.

### Volunteer 2

First Name			Last Name		
<b>Home Address</b>					
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)
<input type="checkbox"/> General Delivery			<input type="checkbox"/> Mobile Route		<input type="checkbox"/> Post Office Box
<input type="checkbox"/> Rural Route			<input type="checkbox"/> Suburban Service		
City			Province		Postal Code (e.g., M1M1M1)
Telephone Number (e.g., 555-555-5555 x555)			Email (e.g. email@address.com)		
Age Category <input type="checkbox"/> Youth (24 and under) <input type="checkbox"/> Adult (over 24)					

Number of consecutive years as volunteer in the Organization

☐ 2-4 yrs ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40 ☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65

Preferred language of communication ☐ English ☐ French ☐ Invite Volunteer to a ceremony closest to their home address.

**Volunteer 3**

First Name			Last Name			
<b>Home Address</b>						
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)	
<input type="checkbox"/> General Delivery			<input type="checkbox"/> Mobile Route		<input type="checkbox"/> Post Office Box	
<input type="checkbox"/> Rural Route			<input type="checkbox"/> Suburban Service			
City			Province		Postal Code (e.g., M1M1M1)	
Telephone Number (e.g., 555-555-5555 x555)			Email (e.g. email@address.com)			

Age Category ☐ Youth (24 and under) ☐ Adult (over 24)

Number of consecutive years as volunteer in the Organization

☐ 2-4 yrs ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40 ☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65Preferred language of communication ☐ English ☐ French ☐ Invite Volunteer to a ceremony closest to their home address.**Volunteer 4**

First Name			Last Name			
<b>Home Address</b>						
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)	
<input type="checkbox"/> General Delivery			<input type="checkbox"/> Mobile Route		<input type="checkbox"/> Post Office Box	
<input type="checkbox"/> Rural Route			<input type="checkbox"/> Suburban Service			
City			Province		Postal Code (e.g., M1M1M1)	
Telephone Number (e.g., 555-555-5555 x555)			Email (e.g. email@address.com)			

Age Category ☐ Youth (24 and under) ☐ Adult (over 24)

Number of consecutive years as volunteer in the Organization

☐ 2-4 yrs ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40 ☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65Preferred language of communication ☐ English ☐ French ☐ Invite Volunteer to a ceremony closest to their home address.

**Volunteer 5**

First Name

Last Name

**Home Address**

Street No.

No. Suffix

Street Name

Street Type

Street Direction

Unit/Suite/Apt

Delivery Mode

☐ General Delivery☐ Mobile Route☐ Post Office Box

PO Box (e.g., 123456)

Rural Route No. (e.g., 123456)

☐ Rural Route☐ Suburban Service

City

Province

Postal Code (e.g., M1M1M1)

Telephone Number (e.g., 555-555-5555 x555)

Email (e.g. email@address.com)

Age Category

☐ Youth (24 and under)☐ Adult (over 24)

Number of consecutive years as volunteer in the Organization

☐ 2-4 yrs☐ 5☐ 10☐ 15☐ 20☐ 25☐ 30☐ 35☐ 40☐ 45☐ 50☐ 55☐ 60☐ 65

Preferred language of communication

☐ English☐ French☐ Invite Volunteer to a ceremony closest to their home address.**Volunteer 6**

First Name

Last Name

**Home Address**

Street No.

No. Suffix

Street Name

Street Type

Street Direction

Unit/Suite/Apt

Delivery Mode

☐ General Delivery☐ Mobile Route☐ Post Office Box

PO Box (e.g., 123456)

Rural Route No. (e.g., 123456)

☐ Rural Route☐ Suburban Service

City

Province

Postal Code (e.g., M1M1M1)

Telephone Number (e.g., 555-555-5555 x555)

Email (e.g. email@address.com)

Age Category

☐ Youth (24 and under)☐ Adult (over 24)

Number of consecutive years as volunteer in the Organization

☐ 2-4 yrs☐ 5☐ 10☐ 15☐ 20☐ 25☐ 30☐ 35☐ 40☐ 45☐ 50☐ 55☐ 60☐ 65

Preferred language of communication

☐ English☐ French☐ Invite Volunteer to a ceremony closest to their home address.

**Volunteer 7**

First Name			Last Name			
<b>Home Address</b>						
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)	
<input type="checkbox"/> General Delivery			<input type="checkbox"/> Mobile Route		<input type="checkbox"/> Post Office Box	
<input type="checkbox"/> Rural Route			<input type="checkbox"/> Suburban Service			
City			Province		Postal Code (e.g., M1M1M1)	
Telephone Number (e.g., 555-555-5555 x555)			Email (e.g. email@address.com)			

Age Category ☐ Youth (24 and under) ☐ Adult (over 24)

Number of consecutive years as volunteer in the Organization

☐ 2-4 yrs ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40 ☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65Preferred language of communication ☐ English ☐ French ☐ Invite Volunteer to a ceremony closest to their home address.**Volunteer 8**

First Name			Last Name			
<b>Home Address</b>						
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)	
<input type="checkbox"/> General Delivery			<input type="checkbox"/> Mobile Route		<input type="checkbox"/> Post Office Box	
<input type="checkbox"/> Rural Route			<input type="checkbox"/> Suburban Service			
City			Province		Postal Code (e.g., M1M1M1)	
Telephone Number (e.g., 555-555-5555 x555)			Email (e.g. email@address.com)			

Age Category ☐ Youth (24 and under) ☐ Adult (over 24)

Number of consecutive years as volunteer in the Organization

☐ 2-4 yrs ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐ 35 ☐ 40 ☐ 45 ☐ 50 ☐ 55 ☐ 60 ☐ 65Preferred language of communication ☐ English ☐ French ☐ Invite Volunteer to a ceremony closest to their home address.

**Volunteer 9**

First Name

Last Name

**Home Address**

Street No.

No. Suffix

Street Name

Street Type

Street Direction

Unit/Suite/Apt

Delivery Mode

☐ General Delivery☐ Mobile Route☐ Post Office Box☐ Rural Route☐ Suburban Service

PO Box (e.g., 123456)

Rural Route No. (e.g., 123456)

City

Province

Postal Code (e.g., M1M1M1)

Telephone Number (e.g., 555-555-5555 x555)

Email (e.g. email@address.com)

Age Category

☐ Youth (24 and under)☐ Adult (over 24)

Number of consecutive years as volunteer in the Organization

☐ 2-4 yrs☐ 5☐ 10☐ 15☐ 20☐ 25☐ 30☐ 35☐ 40☐ 45☐ 50☐ 55☐ 60☐ 65

Preferred language of communication

☐ English☐ French☐ Invite Volunteer to a ceremony closest to their home address.**Organization Representative Information - Step 3 of 4****Nominator Information**

Form of address (e.g. Dr., Honourable, Sargent, Reverend, Elder)

First Name

Last Name

Position/Title

Email (e.g. email@address.com)

Primary Telephone Number (e.g., 555-555-5555 x555)

Alternate Telephone Number (e.g., 555-555-5555 x555)

Preferred language of communication

☐ English☐ French**Head Of Organization Information**☐ Same as Organization Contact

Form of address (e.g. Dr., Honourable, Sargent, Reverend, Elder)

First Name

Last Name

Position/Title

Email (e.g. email@address.com)

Primary Telephone Number (e.g., 555-555-5555 x555)

Alternate Telephone Number (e.g., 555-555-5555 x555)

Preferred language of communication

☐ English☐ French

Declaration - Step 4 of 4

The Ontario government is committed to ensuring the privacy of your personal information. In accordance with subsection 39(2) of the *Ontario Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.F.31, the personal information collected on this form is necessary to the proper administration of the **Ontario Volunteer Service Awards** which is a program that is consistent with the mandate of the Ministry prescribed under s. 4 of the *Ministry of Citizenship and Culture Act*, R.S.O. 1990, c. M.18. The personal information collected are used solely for the determination of nominee's eligibility and review and recommendation by the selection body.

The personal information collected in this nomination package belongs in perpetuity to the nominator and cannot be shared for purposes other than the administration of the program without express written consent of the nominator.

For further information, please contact:

Manager, Volunteer Recognition Unit  
Ministry of Citizenship and Multiculturalism  
Telephone: 416-326-0206 (toll free: 1-833-986-4022)  
400 University Avenue, 2nd Floor  
Toronto, ON M7A 2R9

☐ I confirm my nominee(s) meet(s) the eligible requirements and hereby certify that I have been a member in good standing in the above named organization and declare that all information provided in this application is true and accurate in every respect.

Nominator Signature	Date
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