

# Seniors Who Serve

## Volunteer Awards Program

Honoring elderly residents for exceptional volunteer service in Miami-Dade County



*At every Age, In Every Stage of Life, CAHSD Is Here For You*

# Seniors Who Serve Volunteer Award Program

## Program Overview

The Seniors Who Serve Volunteer Award Program honors elderly residents for exceptional volunteer service in Miami-Dade County. To be considered for the award, nominees must have demonstrated volunteerism within any of the following categories: Education/Mentoring, Health Care, Inter-Generational, Arts, Music & Entertainment, and Public Service.

## Eligibility

- A resident of Miami-Dade County.
- 60 years of age or older.
- Completed volunteer service in Miami-Dade County.
- Completed volunteer service within the past calendar year.
- Must not have been previously awarded a "Seniors Who Serve" Award.

## Nominations

Volunteers may be nominated by County residents, elected officials, a public or non-profit organization, or through self-nomination.

## Award Categories

To be considered for the award, nominees must assist persons through one or more of the following acts of service:

### Education/Mentoring Service

Exemplary efforts and dedication to enhancing education through volunteer tutoring or mentoring.

### Health Care Service

Improving the quality of care within health care facilities.

### Intergenerational Service

Strengthen bonds between age groups.

### Arts, Music & Entertainment Service

Commit to providing cultural, drama, visual arts, entertainment, and/or musical activities for the improvement of the community.

### Public Service

Bestow time and energy in the community through public service

## Evaluation of Candidates

The Community Action Agency (CAA) Board will stand-up a five member selection committee on an annual basis to select award recipients from those nominated.

The Committee will use a scoring tool to score and rate all nominated applicants.

## Selection of Candidate

The top candidate along with two alternates (second and third highest score) with the highest tallied score in each category will be recommended to the County Mayor for final selection. The County Mayor will make the final selection of award recipients in each category.

## Awarding Procedure

The nominator must complete and submit the "Seniors Who Serve" application.

The nominator must submit proof that service was completed within Miami-Dade County and within the past calendar year.

The "Seniors Who Serve" Committee shall review each nomination, rate each nominee and make its recommendation.

The Mayor will make final selection of award recipients in each category.

**Applications will be accepted between December 1st and January 31st**

Miami-Dade County  
Community Action and Human Services Department

701 NW 1st Court, 10th fl., Miami, FL 33136

786-469-4600

[www.miamidade.gov/SocialServices](http://www.miamidade.gov/SocialServices)

# Seniors

## Who Serve

### Volunteer Award Program

#### NOMINATION FORM

Name of Nominee \_\_\_\_\_

Age of Nominee \_\_\_\_\_ Years of Service \_\_\_\_\_

Nominated Category (check one box):

☐ Education/Mentoring Service    ☐ Health Care Service    ☐ Intergenerational Service

☐ Arts, Music & Entertainment Service    ☐ Public Service

Nominees' Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nominator's Name \_\_\_\_\_

Nominator's Title/Organization \_\_\_\_\_

Relation to Nominee \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Short Answers:** Please respond to the questions below to explain to the selection committee why your nominee is most deserving of this award.

Describe the nominee's commitment in the category in which they are nominated.

What is the effect of the nominee's service activity or activities in the category selected?

(continued)



## NOMINATION FORM *(continued)*

What are some specific contributions to the enhancement of quality of life of Miami-Dade residents demonstrated by your candidate through their community service?

What are the benefits of the nominee's community service to At-Risk Youth, Older Adults, Veterans, Homeless Individuals/Families, and/or other vulnerable populations in Miami-Dade County?

Is there anything else about the nominee that you would like the selection committee to know?

Please identify two (2) references that can speak to the nominee's volunteer service:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

- ☐ I have included supporting documentation proving the nominee's volunteer work was conducted within Miami-Dade County, and within the past calendar year. (Check Box)
- ☐ I certify that the nominee knows of and approves this nomination. (Check Box)

Signature \_\_\_\_\_ Date \_\_\_\_\_