



**JACKSON
COUNTY**
Oregon

COMMUNITY SERVICE AWARD NOMINATION FORM

Name of Nominee _____
(NOMINEE MUST BE A RESIDENT OF JACKSON COUNTY)

Organization _____

Nominee's Mailing Address _____

Contact Phone _____ Email Address _____

Person Completing Form _____

Affiliation/Association with Nominee _____

Mailing Address _____

Contact Phone _____ Email Address _____

On a separate page, please answer the following questions to the best of your knowledge, in as much detail, and with specific examples where possible:

- Please describe nominee's service
- How long has the nominee performed this service?
- How did this effort solve or ease a community problem?
- What awards or recognition has the nominee received for their service?
- What else should be considered about this nominee?

Please return completed form to: Board of Commissioners' Office
10 S. Oakdale, Room 214
Medford, OR 97501

For inquiries, please call 541-774-6116 or email BoC-CAO_Admin@jacksoncounty.org.

~ Please complete this form in its entirety; incomplete forms will not be considered. ~