



**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](mailto:BoC-CAO_Admin@jacksoncounty.org).*

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