



SCHENECTADY COUNTY  
DEPARTMENT OF SENIOR AND LONG TERM CARE SERVICES

THE HON. KAREN B. JOHNSON SCHENECTADY COUNTY OLDER NEW  
YORKER OF THE YEAR AWARD – 2022 Nomination Form  
*Recognizing Older New Yorkers Who Demonstrate the Power of Making  
A Difference in Their Community Through Volunteerism!*

**Due by Tuesday, March 1, 2022**

Nominee Information

Name/couple \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Phonetic Pronunciation of Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Email: \_\_\_\_\_

# of Children \_\_\_\_\_ # of Grandchildren \_\_\_\_\_ # of Great Grandchildren \_\_\_\_\_

Years of Volunteer Service \_\_\_\_\_

Previous/Current Profession \_\_\_\_\_

Place(s) of Employment Including Length of Service

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Date Retired \_\_\_\_\_ Military Branch/Dates of Service \_\_\_\_\_

Education (Where, Degree, Course of Study, Dates of Graduation)

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

Names of organizations for which the nominee volunteers/has volunteered:

Name of Organization - Please be specific	Years Volunteered

Brief Biography of the nominee (i.e., are they a native New Yorker, how long have they lived in New York, where they currently reside, past/present career, family details (**approximately 200 words**))

Details about how the nominee has made a difference in your community through civic engagement. Include other awards or community recognition your nominee may have received, as well as any leadership and/or direct service roles (either professional or voluntary) held. Comment about the nominee's quality of service, length of service and is the nominee well regarded by others? (**approx. 200 words**):

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

What advice does the nominee have for other New Yorkers about volunteering? (approx. 50 words)

What does he/she feel has been the greatest reward from their volunteer experience?  
(Approx. 50 words)

Name of Individual and/or Organization Submitting the Nomination

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\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Organization if applicable)

Address

\_\_\_\_\_

Telephone (H) or (C) \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email \_\_\_\_\_

Instructions: You may copy this form to a word document and type directly into this document keeping to the answer requirements. **Please make sure you have answered all sections of this form completely with specific information. Nomination form not to exceed three pages. Additional attachments are not to be included.**

**Due by Tuesday, MARCH 1, 2022**

This is a firm deadline.

Return by either fax, email, US Mail, or in person:

- Fax to:

518-382-0194 – attention Kathleen Albert

- Email to:

Send applications to:

[Kathleen.Albert@schenectadycounty.com](mailto:Kathleen.Albert@schenectadycounty.com)

- By mail or in person to:

Schenectady County Senior & Long Term Care  
107 Nott Terrace, Suite 305, Schenectady, NY 12308  
Attention: Kathleen Albert

For specific questions, contact:

Cathy Bern-Smith, Manager

[Cathryn.Bern-smith@schenectadycounty.com](mailto:Cathryn.Bern-smith@schenectadycounty.com)

518-382-8481 x 9313