

2021 OUTSTANDING OLDER AMERICAN AWARDS NOMINATION FORM

SELECTION OF MAUI COUNTY'S OUTSTANDING OLDER AMERICANS- "Communities of Strength"

PURPOSE

- To honor older adults who contributed significantly to improving community life
- To encourage participation in community activities
- To honor significant contributions provided by volunteer caregivers to the community
- To recognize the exploration of new interests, endeavors, and accomplishments.

ELIGIBILITY

- Nominees are desired from all segments of the community.
- While they may be members of senior clubs, churches or other organizations, it is not mandatory that the nominee belong to an organization.
- The nominee must be age 65 years or older and a resident of Maui, Molokai, or Lanai. Points will be awarded for services provided in the community after attaining age 60.
- The following are not eligible: Past award *winner*s (those who have been selected as the Outstanding Male or Female Older American of Maui County), Council on Aging Members, and Maui County Office on Aging staff.
- Nomination papers may be submitted by the candidate, another individual or an organization.

DEADLINE: Thursday, April 1, 2021 by 4:30pm
Call 270-7755 to confirm receipt of forms.

Mail or Deliver Forms to:
Maui County Office on Aging
Attn: OOA Committee
95 Mahalani Street, Room 20
Wailuku, HI 96793

2021 Virtual Awards Ceremony
Thursday - May 6, 2021
11:00 am to 12:00 pm

Details forthcoming

NOMINATION APPLICATION

Nominee's Information

Last Name _____ First Name _____

M.I. _____

Address _____ City _____

Zip Code _____ Phone _____

2nd Phone _____ Email _____

Nominator's Information

Last Name _____ First Name _____

M.I. _____

Address _____ City _____

Zip Code _____ Phone _____

2nd Phone _____ Email _____

Optional:

Nominator's Club or Organization Affiliation

Nominee's Club or Organization Affiliation

MCOA CODE:

OFFICE OF THE MAYOR
 MAUI COUNTY OFFICE ON AGING
**NOMINATION FOR MAUI COUNTY'S
 2021 OUTSTANDING OLDER AMERICAN AWARDS**

NOMINEE'S AGE: _____

BIRTH DATE: _____

(Must be 65 years or older)

VOLUNTEER SERVICE, LEADERSHIP AND/OR CAREGIVING ACTIVITIES AFTER AGE 60

List services the nominee provided to the community, friends, neighbors, and/or family members and the capacity in which nominee served after age 60, and the approximate hours per month. ****For judging purposes, please do NOT state nominee's name.***

| Service or Organization | Position in which served (example: president, founder, officer, member, volunteer, or volunteer supervisor) | Estimated Years of Service | Estimated Hours Volunteered Monthly |
|-------------------------------------|--|-------------------------------|--|
| <i>Ex. Pacific Whale Foundation</i> | <i>Ex. Volunteer Educator</i> | <i>Ex. 15 years</i> | <i>Ex. 50 hours</i> |
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MCOA CODE:

**HOW MANY PEOPLE WERE HELPED BY VOLUNTEER'S CARE, SERVICE OR ACTIVITIES?
HOW WERE THEY HELPED? WHO BENEFITTED? Provide examples.**

**For judging purposes, please do NOT state nominee's name.*

PERSONAL ACHIEVEMENTS AFTER AGE 60

In the space below, provide brief information on the nominee's personal achievements, new activities or new occupations after age 60.

**For judging purposes, please do NOT state nominee's name.*

MCOA CODE:

Explain why you feel this nominee deserves to be the Outstanding Older American 2021

In the space below, provide your story, explanation, or justification in narrative form.

****For judging purposes, please do NOT state nominee's name. Replace nominee's name with "Nominee"***

MCOA CODE:

OPTIONAL BACKGROUND INFORMATION

-- WILL NOT BE USED FOR JUDGING PURPOSES --

Nominee's Name: _____ Birthplace: _____

Occupation(s) prior to age 60:

Special Interests or Hobbies:

Family History (spouse, children, etc.):

Explain why this person should be selected as the 2021 Outstanding Older American in Maui County

MCOA CODE:



County of Maui Talent and Publicity Release

For value received, the sufficiency of which is hereby acknowledged, and without further consideration or compensation, I, for myself and my heirs, executors, administrators, and assigns, do hereby give the COUNTY OF MAUI, its successors, assigns, licensees, and those acting on its behalf ("COUNTY"), the full and unrestricted right and permission, in perpetuity and throughout the world, to use my name, voice, likeness, and biographical data, and to edit, reproduce, perform, display, sell, give title to or name, publish, copyright, license, and distribute moving, videotape, and digitally recorded pictures and still photography, with or without sound, and voice recordings and other memorializations in which I participated on _____, 20____, in conjunction with the production of _____ (the "Production"), including any and all remakes, reissues, and market versions of the Production, and including any and all phases of the exploitation of the Production such as publicity, promotion, and advertising. I hereby release, acquit, and forever discharge the COUNTY from any and all claims, actions, causes of action, and liability, of any kind or nature, arising out of any use of my name, voice, likeness, and/or biographical data in any lawful manner pursuant to this Agreement. I waive any right that I may have to inspect and approve the finished Production or the advertising copy that may be used in connection with the finished Production, or any uses to which it may be applied. This release form is not a contract of employment. I recognize that as an independent contractor I assume any risk involved with the activity that is photographed, taped, recorded or otherwise memorialized and that I am responsible for any injury or damage directly or indirectly arising out of such activity and I hold the COUNTY harmless from any and all liability.

TERM: Perpetual

I AM OVER 18 YEARS OF AGE: (YES or NO) _____

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

SIGNED _____ DATE _____

If the person signing is under 18, consent must be given by the parent or legal guardian as follows:

I hereby certify that I am the parent or legal guardian of the above-named minor, that I have read and understand this Talent and Publicity Release, and that, for valuable consideration received, I do hereby give my consent without reservations to the foregoing on behalf of the above-named minor.

SIGNED _____ DATE _____